

Taste of sport consent form

Copplestone Methodist Church

Name of young person _____

Date of Birth / /

Address _____

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:

Please state date of last anti-tetanus injection if known ____/____/____

With whom does your child live? _____

Telephone number Day: _____ Evening: _____

Name of additional contact (grandparent etc or other holding parental responsibility)

_____ Telephone number _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Names _____

Address(es) _____

Telephone number(s)

I give permission for _____ to take part TaeKwon Do/Athletic games/Swimming (please cross out where necessary . I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

From time to time we would like to take photographs and videos of your child for publicity purposes, in signing this form you agree to let your child participate in having his/her photo/video taken and Copplestone Methodist Church use the photos and videos.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic YES NO (Please circle)

Signed (parent/or adult with parental responsibility) _____

N. B. The information part can be completed by a carer. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.