

Dorset Table Tennis Association - Parental Consent Form

Dear Parent/Carer

This form has been designed to collect information on young players that are under the age of 18 years, travelling to table tennis competitions and training events and taking part in them. It is important as it will provide coaches and organisers with vital contact details and medical information in the case of accident, illness or other emergency.

The information will remain confidential and only be made available to coaches or other officials responsible for transport, accommodation and playing arrangements. Please complete the form, preferably on computer, or alternatively **in black pen and in block capitals**. Thank you for your help.

To save you repeated form filling, this document invites you to give consent for your child to represent his/her Club, League, County and, in some cases School, as and when selected, throughout the 2018/19 table tennis year. Copies of the forms may be stored electronically under the auspices of the County Welfare Officer and will be accessible only to authorised coaches and officials. (See note overleaf at the end of the form.)

**PERSONAL DETAILS OF CHILD**

First Name:			
Last Name:			
Preferred Name (if applicable):			
Age:		Date of Birth:	
Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/> Please enter x in correct box
Address:			
Postcode:			
Telephone Numbers: Home:			
Parent(s) Mobile(s):			
Parent's email address:			
Table Tennis England Player Membership/Licence number (if available):			

**OTHER EMERGENCY CONTACT DETAILS (If available - normally relative or close friend)**

Name:	
Telephone Numbers: Home:	Mobile:
Relationship to child:	

**MEDICAL INFORMATION**

Does your child have any specific medical conditions requiring regular medical treatment and/or medication?
Are there any other medical details you feel we should know about?
Please provide details of the type of pain/flu relief medication that may be given to your child:
Doctor's name:
Doctor's telephone number:

Does your child have any special dietary needs?
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Yes  No  (Enter x in correct box)

If yes, please specify:

## RELIGIOUS NEEDS

Does your child have any specific religious requirements e.g. Prayer Room?

Yes  No  (Enter x in correct box)

If yes, please specify:

I consent to my child taking part in events arranged by the Dorset Table Tennis Association, by affiliated Leagues and Clubs and by Table Tennis England and the English Schools Table Tennis Association during the next year, i.e. until 31<sup>st</sup> August 2018. I acknowledge that the responsible persons and organisations will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during such events. I understand that the coaches/responsible adults have a common law duty to act in the capacity of a reasonably prudent parent.

I, \_\_\_\_\_, being the parent of the above named child, hereby give permission for the relevant Club, School or Association representative to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in a doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I have read the Player's Code of Conduct and agree that my child should abide by this while in the care of the relevant organisations and I understand that in the event of a serious or continued breach of this Code I will be informed and my child may be sent home early from events at my expense.

I am aware that photographs may be taken during events for promotional purposes and filming may be used for coaching purposes, and I give consent as indicated:

Promotional photographs  Filming for coaching  (Enter x to show consent)

Appearing on Table Tennis websites in team or general action photos, (but **not** individually named)

Parent/Guardian/Carer Name:  
(Must be person with legal parental responsibility)

Signature of Parent/Guardian/Carer:

Date:

**Please return the form to your child's Club Secretary, Coach or other appointed Officer. Completing and sending it by email will be deemed equivalent to sending a signed printed form.**

### **Important Note**

If players are likely to be involved in representative tournaments or other events, perhaps away from their home area, this form will help those looking after them to do so safely and in accordance with your wishes. To make this work we will need to store your information securely in a protected, online computer file that can only be accessed by **authorised coaches and organisers**, who may need to contact you in case of accident, illness or other emergency. **Clubs will be asked to send a copy of the form to the County Welfare Officer (contact details below), who will arrange online storage of the information. You are strongly advised to keep a copy of the completed form for yourself and we ask that you inform your child's Club and the County Welfare Officer of any future changes in the details provided.**

(Please address any queries about this form to Gordon White, County Welfare Officer, gwhite@lacles.co.uk)