



PARENTAL CONSENT FORM

Event

Date

Name of Child

Parent / Guardian's Name

Home Phone (including STD)

Work Phone (including STD)

Mobile Number

In case of emergency we can also contact (name and phone number)

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Please list any medication your child should take or any allergies, illnesses or medical information we should be aware of

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Please print:

I, give my child
(parent /guardian)

permission to attend this event.

I certify that my child is in good health and is able to participate in normal volleyball activities. In the event of an accident or illness I request that the team coaching staff take any necessary action at the time. I understand that every effort will be made to contact me in the event of any such medical emergency. I understand that this event will operate in a public place and that the event organisers and personnel will make reasonable arrangements necessary to fulfil the Volleyball England Child Protection Policy. I also give permission for my son / daughter to be photographed at the event. If required I also give permission for my child to undergo doping control.

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Parent /Guardian Signature

.....
Date