

CONSENT AND INFORMATION FORM Under 18 Players

Under-18 Player's Details

First Name: <small>[and name generally known by if different]</small>	
Surname:	
Date of birth:	

Taking Part

<input type="checkbox"/> I consent to the player taking part in the <i>[insert event name]</i> , to take place at <i>[insert venue]</i> between <i>[insert dates]</i> hosted by <i>[insert Host Governing Body name]</i>	
Signature (Parent or Legal Guardian)	

Responsible Adult Information

The person named below will accompany the player to the event and undertake the role of Responsible Adult. As such, they have authority to act for me in my absence or in an emergency.

Any Under-18 player who is not accompanied by their parent or legal guardian, needs to be accompanied by someone who is designated as that Child's Responsible Adult.

The Responsible Adult has the following duties:

- Be responsible for the Child's behaviour throughout the event,
- Have current parent or guardian contact details, together with emergency contact phone numbers and medical information of the Child available throughout,
- Have permission of the parent to authorize emergency care, should this be required at short notice before the parent can be contacted,
- Be responsible for the Child's travel and accommodation arrangements.

Responsible Adult Information Note: *if accompanying person(s) include a parent or guardian, please still complete the form.*

I nominate the following person(s) to act at any time as the Responsible Adult for my Child whilst my Child is travelling to or from the event and during the event		
	Primary	Secondary <small>(only has authority if Primary is unavailable)</small>
Responsible Adult Name:		
Relationship to Player:		
Address:		
Postcode:		
Mobile:		
Email:		
As the Responsible Adult listed above, I consent to this appointment and agree to carry out the duties outlined.	Signature (Primary Responsible Adult)	Signature (Secondary Responsible Adult)

OTHER CONSENTS *(to be authorized by the Parent or Official Guardian)*

Photo / video consent

You have the right to refuse this permission, in which case the Event Hosts and Tournament Director must ensure that your wishes are met.

Please tick to indicate consent to:			
Photos / Videos of the player being taken at the event	Name being used with photo / video	Photos/videos being published online	Photos/videos being used for promotional purposes post event
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Statement

Please complete the information below *(and continue on another sheet if there is insufficient space)*

Does the player suffer from any medical conditions/allergies that the tournament manager should be aware of (including any current medication)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Please provide details</i>		
Please provide details of any medication that is required and that the player or responsible adult will ensure is taken:		

Signed (Parent or Legal Guardian):	
Relationship to Child:	
Name:	
Date:	
Mobile:	
Email:	