

Details of squash activity: Coaching, team competitions and all squash events/ Competitions organised under the jurisdiction of Cumbria Squash

From: January 1, 2018 to January 1, 2019

I agree to (Child's name) _____

taking part in this activity. I agree to _____'s participation in the

activities described. I acknowledge the need for _____ to behave responsibly.

Medical information about your child.

a. Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b. Please outline any special dietary requirements of your child and the type of pain or flu relief medication that your child may be given, if necessary.

Photography and Recorded Images

Cumbria Squash recognises the need to ensure the welfare and safety of all young people in sport, in accordance with our child protection policy we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and the children/young people.

Cumbria Junior Squash will take all possible steps to ensure these images are used solely for the purposes they are intended. If you are aware that these images are being used inappropriately you should inform Cumbria Junior Squash immediately.

I consent to Cumbria Junior Squash (or approved outside organisations/individuals such as a press photographer) photographing or videoing my child's involvement in squash for the period of time shown on this form for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Parental Signature _____ Date _____

I agree to my child receiving medication as instructed and any emergency medical or surgical treatment as considered necessary by the medical authorities present (should child not be accompanied by an adult)

Emergency contact name: _____

Contact telephone numbers:

Work: _____ Home: _____

Mobile: _____ E-Mail: _____

Home Address: _____

Alternative emergency contact: _____

(Name)

Work: _____ Home: _____

Mobile: _____ E-Mail: _____

Signed: _____ Date: _____

Full Name (Capitals): _____

This form must be completed and returned to an appropriate person at Cumbria Squash, such as an event organiser or coach. They are responsible for keeping the information safe and not passing it on to people outside the organisation unless that information is needed in a medical emergency while taking part in squash-related activity.