



Parental consent and medical details – day events

All participants must have the following Consent completed by a Parent or Legal Guardian.

Name	Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Address	
Town & Postcode	Home Telephone Number
Emergency Contact Names (2)	Emergency Telephone Numbers
<p>This form is to give consent for your child to take place in the Coaching and Selection Day at Whittlesey on Saturday 21st February, 2015</p> <p>Do you suffer from any medical conditions or allergies? (Please list, including any current medical treatment.) YES / NO</p>	
Name of Family Doctor:	
<p>Participant and Guardian Permission</p> <p>I acknowledge receipt of, and understand the following regarding the proposed Coaching & Selection Day. I give consent to my son / daughter (delete as applicable) taking part under the supervision of EPA coaches. I understand junior players will not be permitted to consume alcohol at any time.</p> <p>I have ensured that I/they understand that it is important for everyone's safety that any rules and instructions given by EPA coaches are obeyed. I am in agreement that those in charge may give permission for medical treatment, including anaesthetics, in an emergency.</p> <p>Signature of participant.....Date.....</p> <p>Signature parent / guardian.....Date.....</p>	