

# Haverfordwest Tennis Club Junior Health & Safety Registration Form

Name of player: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Telephone contact: \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Tennis Club: \_\_\_\_\_

Medical Conditions e.g. Asthma or injuries

Please give details:

## **Parental/ Guardian Consent**

As part of the Club's rules and to meet current legislation, we require your consent for a number of matters whilst your child is in our care. Please read the following carefully and sign below to give your consent for the following:

- To allow my child to take part in the coaching and tournament programme
- To permit photographs or video of my child to be taken during coaching or match activities (if published, they will appear without contact details, in line with current guidelines).
- For the administration of emergency injury treatment in the event that my consent cannot be obtained at the time of the injury and where the injury is considered life threatening or requiring immediate treatment
- For my child's personal data to be stored on database in line with Data Protection regulations.

I \_\_\_\_\_ (the parent/  
guardian) fully understand the above and give my consent to all points.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_