

HIGHFIELD SQUASH CLUB

Junior Squash Coaching Registration Form for season 2017/2018
Please complete all of the sections below and then sign and date the form

NAME	<input type="text"/>	MALE/FEMALE	<input type="text"/>
ADDRESS	<input type="text"/>	TELEPHONE (HOME)	<input type="text"/>
		GUARDIAN'S MOBILE	<input type="text"/>
E-MAIL	<input type="text"/>	DATE OF BIRTH	<input type="text"/>

MEDICAL HISTORY INFORMATION (Details of any known allergies, conditions, medications)

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

OTHER INFORMATION: Any other special needs, requirements or directions that would be helpful for leaders to know about.

PARENTAL/GUARDIAN CONSENT

I am the Parent / Guardian of

- Eye-Guards are to be worn on court at all times.
- I understand that photographs may be taken during or at sports-related events and may be used in the promotion of sport
- I hereby consent to the above child participating in activities of the organisation in line with the Irish Sports Council's Code of Ethics and Good Practice for Children's Sport
- I agree to participate in a parents' rota to supervise coaching sessions for child protection purposes
- I will inform the leaders of my children's activities of any changes to the information above
- I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities

SIGNATURE DATE

SIGNED NAME

Please return completed form to Children's Officer Anne Cogan