IPPLEPEN BOWLING CLUB

CONSENT FORM for Parents/Carers - CONFIDENTIAL (of children aged under 18 years or vulnerable adults in your care) To accompany all Junior Membership applications.

This form is to be completed in respect of all players under the age of 18 years old, by their Parent or Guardian.

NAME of young person		Date of Birth//
ADDRESS:		
	POST	Г CODE
PARENT/GUARDIAN NAM	IE(s)	
HOME TELEPHONE NUM	BER	
MOBILE TELEPHONE NU	MBER (s)	
E.MAIL ADDRESS		

In the interest of your child/vulnerable adult, it is important to know whether he/she suffers from any illness or medical condition. Please use this space below to state, in confidence, any health or other matter concerning your child/vulnerable adult of which our Club Officials should be aware. Please also indicate any prescribed medication etc.

I consent to my child/vulnerable adult, named overleaf, whilst accompanied by his/her parent, carer or responsible adult, taking part in the Club activities on its premises. I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him/her from accident or any other harm, but the overall safety and behaviour of juniors is the full responsibility of the parent/guardian.

NOTE: If you require information on Club activities, or have any concerns regarding your child's participation, please contact the person named below:

Mrs. Mary Oliphant – Ipplepen Bowling Club Coach and Safeguarding Officer

Telephone: Ipplepen Bowling Club - 01803 812305 or Mary's direct line - 01803 872683