Junior Player Consent Form - Event

You must have a completed consent form to participate in the event.

Player's Name: _____ D.O.B: _____

Gender: Male/Female

Contact Email: _____ Phone No: _____

Player Address: _____ Postcode: _____

_____

_____

_____

Event name: _____

This form gives parental permission for my child to attend the event with Flyght Club on the following date: _____

By signing below:

- I agree to my child's attendance of the event specified above and understand that it is my responsibility to organise my child's transport to and from the venue.
- I agree to my child's participation in the sport of ultimate. Ultimate is unique as it is self-refereed and instead governed by The Spirit of the Game.
- I understand that Flyght Club takes no responsibility for injuries incurred during play. While ultimate is a non-contact sport, collision and in some cases injuries may still occur.
- I undertake to ensure that my child will depart for all sessions in good health and that the organiser will be informed of any health problems.
- I give my consent that if an emergency medical situation arises, Flyght Club may act in loco parentis. The club will undertake to ensure that appropriate first aid and/or other medical treatment is carried out by a qualified medical practitioner.
- I understand that the session will be predominantly attended by adults with only a small number of under-18s attending.

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- Informal social events may take place after the event, but under-18 players will be encouraged to return home immediately after the event.
- I understand that photographs may be taken by Flyght Club at the event and used by Flyght Club on the club's social media accounts, on the club's website, in advertising posters and in email communications, for the purposes of reporting on events or promoting future Junior-related events the club holds. These materials may be sent, or visible, to individuals outside of the club. I and/or my child retains the right to withdraw their permission for the club to use images of them at any time, at which point all relevant images will be destroyed.

Please tick this box to confirm that photo permission in accordance with the above is given for your child. ☐

(If you leave this box unticked, Flyght Club will not take any photographs of your child at the event, this permission can be changed at any time using the **Flyght Club Junior Member Media Consent Form**)

EMERGENCY CONTACTS

Contact 1	**Contact 2**
Name:	Name:
Relationship to Player:	Relationship to Player:
Telephone (Home):	Telephone (Home):
Telephone (Work):	Telephone (Work):
Telephone (Mobile):	Telephone (Mobile):
Email:	Email:

MEDICAL INFORMATION

Any specific medical conditions requiring medical treatment? **Yes:** **No:**

Please give details:

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Details of medication required (pain/flu/inhaler):

Any specific medical condition or disability? **Yes:** **No:**

Please give details:

Any allergies? **Yes:** **No:**

Please give details:

Name of Family Doctor's Practice: _____

- If you or your child is bringing an inhaler or other medication please mark it carefully and give details.
- Please note other players are unable to administer any medication so please ensure your child has the appropriate medication with them and is able to self-administer.
- Any further details on medical/emotional conditions or treatments or any other information which you feel we should know about.

_____

_____

I have read and understood the above terms of participation and certify that the information provided is correct to the best of my knowledge.

Parent/Guardian Name: _____

Relationship: _____

Signature: _____

Date: _____/_____/_____

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