

Market Drayton Grove & Wem Junior Badminton Club

Parent or Carer Consent Form

Personal Details of player	Player Registration No
First Name(s):	Surname:
Address:	
	Postcode
Date of Birth:Tel. no. pa	rent/carer
Email parent/carer:	
It is the responsibility of the parent/carer to ensure a	all the relevant information is up to date
IMPORTANT: Please give an alternative name & nun	nber in case of emergency:
Name:	. Tel. no
Medical Information	
Does your child have a disability? Yes/No (please ci	rcle as appropriate)
If yes what is the nature of the player's disability?	
Please provide medical information relating to any me	
your child may have and we need to be aware of:	
(Please continue overleaf if you feel more detailed info	ormation is needed and tick this box (
Dietary intolerance to peanuts and other foodstuffs	
Non marking trainers, shorts and tee shirts should be	worn for all coaching sessions
Consent Statement My child is in good health and I consider him/her capable of have completed the medical details as listed above and I upother relevant members of Market Drayton Grove Badminton an emergency any necessary treatment can be administered anaesthetics. I also understand that Badminton can be a disassisting personnel will take every precaution to ensure that necessarily be held responsible for any loss, damage or injection.	nderstand that this information will be shared with on Club i.e. coaches. I consent that in the event of ed to my child, which may include the use of angerous sport and while sports coaches and at accidents do not happen, they cannot
Parent/Carer Name (BLOCK CAPITALS):	
Signature of Parent/Carer (if child is under 18):	Date:
Other Information What school does your child attend?	
We occasionally use images of young people that will be ta training purposes. If you do not wish to give permission for Drayton Grove Badminton Club please tick here and	