

LETCWORTH HOCKEY CLUB
PARENTAL CONSENT FORM

Relates to all members under the age of 18 years.

NAME DATE OF BIRTH ... /... /... .

ADDRESS E-MAIL

.....
.....

TELEPHONE No OTHER CONTACT No

ANY KNOWN MEDICAL CONDITIONS (inc. Allergies)

.....

INSURANCE Parents and players should be aware of the limitations of the Club's insurance cover should an accident occur during a coaching session/game/tournament, or on Club property.

All members playing organized games for the Club have the benefit of Public Liability insurance cover up to £2m. However, it should not be assumed that opposition clubs have similar cover for their players & officials. It must also be understood that the Club's insurance policy does not afford cover to members or opposition in respect of accidental personal injury or consequential loss.

It is therefore important to note that any personal accident cover that may be required must be taken out by individual members themselves at their own expense.

As a result of this information, it is necessary for the Club to have your written consent, allowing, your child(ren) to participate in coaching, sessions/games/tournaments with Letchworth Hockey Club, in the knowledge that the club cannot be held responsible for any accidental personal injury or consequential loss.

CONSENT I have read the above and give my consent for my child (ren) as indicated above:-

To take part in coaching sessions/games/tournaments in the knowledge that Letchworth Hockey Club is not responsible for any accidental personal injury or consequential loss.

To travel by car or minibus driven by a member of the Club or any other parent attending the event.

To be included in photographs relating to Letchworth Hockey Club events.

To make their own way home (i.e. Cycle, walk) Delete if not applicable to your child (ren).

I confirm to the best of my knowledge, that they have only the medical conditions listed.

SIGNED (Parent/Guardian)

PRINT NAME Date ... /... /... .