



WELSH HOCKEY UNION

Parental Consent Form



Club Name: _____

Player details and contact information

Full Name	
Date of Birth	
Address	
Post Code	
Telephone	
Mobile	
E-mail	

Emergency Contact name	
Emergency contact numbers	Home Mobile

Consent

(To be completed by parent or guardian for all participants)*delete where applicable

For the duration of the _____

1. I am pleased to allow my son/daughter _____ to participate in training sessions, matches and all social activities. I consider him/her to be physically fit and capable of full participation, but in the event that he/she should become ill or injured when I am not present, I give my permission for WHU officials or their appointed representatives to obtain appropriate medical treatment.
2. I give* / do not* give my consent for photographs and/or video footage of my son/daughter to be used for the promotion of Welsh Hockey and for match/performance analysis in accordance with Section 3 of the Welsh Hockey Union Child Protection Policy.
3. My son/daughter is* / is not* a competent swimmer (please ask the WHU for clarification if needed)

Continued overleaf.

Medical/Dietary information

Does your son/daughter have any allergies? Please give full details below.

Does your son/daughter have any special dietary requirements? Please give full details below.

Does your son/daughter have any illnesses or injuries or need any regular medication or treatment? Please give full details below.

When was the last time that your son/daughter was vaccinated against Tetanus?

I will inform the staff on the day of the event/departure of any changes to the details given above.

Signed: _____ (Parent/Guardian) Date: _____

PLEASE RETURN TO:
