



WELSH CROWN GREEN BOWLING ASSOCIATION

CONSENT FORM FOR PARENTS/CARERS

Name of Child Date of Birth

Address:

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Telephone No. Home Work

In the interest of your child, it would be helpful to know whether he or she suffers from any illness or medical condition. Please use the space below to indicate. **In confidence**, any health or other matter concerning your child of which accompanying club officials should be aware. Please also indicate any prescribed medication, etc.

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I consent to my child taking part in the Club activities whether on its premises or at away venues. I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to safeguard him or her from accident or other harm. I understand that in the event of an accident or other emergency, every effort will be made to contact me. If unable to make contact, I consent to my child receiving any medical treatment which, in the opinion of a qualified medical practitioner, may be considered necessary.

I am the parent/legal guardian of the child

Signed

Name

Relationship

Date

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

Name.

Tel: