

# Dundee Korfball Club

## JUNIOR PLAYER REGISTRATION & PARENTAL CONSENT FORM

<b>PLAYER DETAILS</b>	
Forename .....	Surname.....
Current School .....	
Date of Birth .....	
Address .....	
.....Post Code .....	
Home telephone / mobile number(s) .....	
Email .....	
Person to contact in emergency .....	
Relationship .....	Telephone No(s) .....

<b>MEDICAL INFORMATION</b>
Is your child allergic to any drugs? If so which ones? .....
Does your child suffer from any of the following? ( <i>please tick</i> ) Asthma.....Diabetes.....Epilepsy.....
Other (please specify).....
Does he/she have any allergies? (if yes, please give details) .....
Is your child on regular medication? (if yes, please give details) .....
Does he/she wear contact lenses?      YES ..... NO .....
Any other relevant information (continue overleaf if needed)..... .....

<b>PARENTAL CONSENT</b>	Please circle	
<b>RESPONSIBILITY:</b> <i>I am the parent/guardian of the above mentioned child and I give my consent for them to attend and take part in the junior korfball activities organised by Dundee Korfball Club. I am aware that korfball involves physical sporting activity and confirm that there are no medical or other reasons why my child should not take part in such activity.</i>	<b>YES</b>	<b>NO</b>
<b>REGISTRATION:</b> <i>I give my permission for my child's details to be registered with the club's national governing body, the Scottish Korfball Association. If YES, please state your child's place of birth (town and/or county) here:-.....</i>	<b>YES</b>	<b>NO</b>
<b>PUBLICITY:</b> <i>I give permission for photographs of my child to be used in promotional korfball material (e.g. on the club's website, leaflets and in newspaper articles).</i>	<b>YES</b>	<b>NO</b>
<b>GOING HOME:</b> <i>I give my permission for my child to make their own way home after each korfball session and I take full responsibility for ensuring that they do so. (If NO, please make alternative arrangements and confirm these in writing with the club's coach or CPO)</i>	<b>YES</b>	<b>NO</b>
<b>EMERGENCIES:</b> <i>In the event of an emergency, I agree to my child receiving an anaesthetic or any other emergency treatment in my absence.</i> (The parent or guardian will be contacted immediately in the case of any such emergency)	<b>YES</b>	<b>NO</b>
<b>Full Name of Parent or Guardian (PRINT):</b>	<b>Signature:</b>	<b>Date:</b>