



YORKSHIRE BADMINTON ASSOCIATION

OVERNIGHT TRIPS PERMISSION FORM

(for players up to 18 years unless living independently of parents)



Please complete this form as fully as possible as the information is required to ensure the health, safety and welfare of players. All information provided will be strictly confidential.

PLAYER

Name:					
Age:		DoB:		Sex:	
Address:					
Home Tel:					

PARENT/GUARDIAN/NEXT OF KIN (delete where applicable)

Name:				
Address:				
Home Tel:		Alt Tel:		

DOCTOR'S DETAILS

Name:			
Address:			
Telephone:			

Please tick the appropriate box:

- Yes, I give consent for the Team Captain (adult in charge) to authorise medical treatment should it be deemed necessary (provided that the delay required to obtain your signature might be considered, in the opinion of the doctor or surgeon, likely to endanger your child's health and safety). In the event of an emergency every effort will be made to contact you.
- No, I do not give consent for the Team Captain (adult in charge) to authorise medical treatment.



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Please give details of any medical conditions e.g: allergies, asthma, epilepsy, diabetes, travel sickness.

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Please give details of any special dietary needs e.g: food allergies, halal, vegetarian.

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Is there any other information you feel is relevant to your child's safety and welfare.

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Please give details of any disability or emotional/physical difficulties e.g: sleep walking, excessive shyness, hyper-activeness.

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Please tick to show you have read and understood the following statements:

- I understand that every care will be taken to ensure the safety and welfare of all players. I accept that in the event of a player's behaviour adversely affecting the safety of the trip they will be returned home.

- I declare that the information I have provided in this form is correct to the best of my knowledge.

Signed.....

Date.....

Name.....

Parent/Guardian