

Birmingham City Netball Club

Condover weekend

I give permission for my child named below to attend a Netball Weekend at Condover Hall from Friday 27th September to Sunday 29th of September 2024

Child's surname:
Child's forename:
Date of birth:
Home Address:

Name of Doctor:
Address:
Phone number:
NHS number:

<u>Medicines:</u>
Does your daughter take or require any medication. YES / NO
Details if Yes:

<u>Allergies:</u>
Does she have any allergies to food, medicine or other? YES / NO
Details if Yes:

<u>Dietary needs:</u>
Does she have any special dietary needs? YES / NO
Details if Yes:

Vegetarian: YES / NO
Vegan: YES/NO

Does she have any other special needs? YES / NO
Details if Yes:
Any other information that we may need to be aware of regarding your child.

Please provide two different emergency contact details.
Telephone number :
Contact Name:
Address:
Relationship to child:
Telephone number:
Contact Name:
Address:
Relationship to child:

I understand that Birmingham City Netball Club and JCA Condoover reserve the right to send any participant home if necessary.
If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment necessary.
Printed name of Parent or Guardian:
Signature:
Date: