

Motherwell Athletics Club

Secretary: Alan Tait, 11 Cherryridge Drive, Baillieston, Glasgow
G69 7TD

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PARENT/GUARDIAN CONSENT FORM

***THIS PART TO BE RETAINED BY PARENT/GUARDIAN**

Event:	
Date:	
Venue:	
Start time:	
Estimated finish time:	
Cost:	
Signed (Coach)	
Date:	

***THIS PART MUST BE SIGNED BY PARENT/GUARDIAN AND RETURNED TO MOTHERWELL AC NO LATER THAN:**

I have noted the arrangements and give permission for my son/daughter (name):

To take part in (proposed event):

Please state if your son/daughter has a disability or condition that might be affected by this event:

Please give details of medical conditions/treatment that your son/daughter is currently having:

Please indicate if your son/daughter has any cultural needs that must be taken into consideration:

I can provide transport for my son/daughter to the above event	Yes / No
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I give permission for photographs of my son/daughter to be used on the club website and publications	Yes / No
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I enclose the fee of:	£_____
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Emergency contact details:	
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Name:

Relationship to child:

Address:

Telephone (home + mobile):

I give permission for any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: Parent/Guardian:	Date:
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