**Towcester Hockey Club registration and consent form**

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| **Confidentiality**: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child. |

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| **Personal information – child / young person** |
| Name  |  |
| Address |  |
| Date of birth and school year  |  |
| Gender[[1]](#footnote-1) | Male🞎 | Female🞎 | Non-binary🞎 | Another description (please state)🞎 |
| Are there any activities in which your child can **not** participate? | No🞎 | Yes – please give details🞎 |

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| **Personal information – parent / carer** |
| Name  |  |
| Contact number(s)  |  |
| Email  |  |

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| **Emergency contact information** |
| Name of alternative adult to contact in an emergency |  | Relationship to child / young person |  |
| Contact number(s) of alternative adult |  |

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| **Medical information** |
| Are there any specific medical conditions requiring medical treatment? | No🞎 | Yes – please give details🞎 |
| Details of medication required (e.g. pills, inhaler) |  |
| Are there any other medical conditions or disabilities to be aware of? | No🞎 | Yes – please give details🞎 |
| Do they have any allergies? | No🞎 | Yes – please give details🞎 |
| Are there any dietary requirements (including vegan / vegetarian)?  | No🞎 | Yes – please give details🞎 |

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| **I confirm my registration – child / young person** |
| Signature | 🗶 |
| Print name |  |
| Today’s date |  |

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| **Declaration of consent – parent / carer** |
| Please tick the boxes below and then sign this form.  |
| 🞎 | I give my consent that if an emergency medical situation arises, the organisation / club may act *in loco parentis* for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken. |
| 🞎 | I confirm that I have read, or been made aware of, the organisation’s:* codes of conduct for parents, coaches and children
* transport policy
* changing-room policy
* policies on photography, videoing, texting and use of social media.
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| 🞎 | I confirm that my child is aware of the **Towcester Hockey Club** code of conduct for children and its anti-bullying policy. |
| Signature | 🗶 |
| Print name |  |
| Today’s date |  |

1. [↑](#footnote-ref-1)