



Highfield Squash Junior Registration Form



REGISTRATION FORM FOR THE PERIOD SEPTEMBER 2018-2019

Please complete all of the sections below and then sign and date the form.

NAME	<input type="text"/>	MALE/FEMALE	<input type="text"/>
ADDRESS	<input type="text"/>	TELEPHONE HOME	<input type="text"/>
		GUARDIAN'S MOBILE	<input type="text"/>
E-MAIL:	<input type="text"/>	DATE OF BIRTH	<input type="text"/>

MEDICAL HISTORY INFORMATION (Details of any known allergies, conditions, medications)

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

OTHER INFORMATION: Any special needs, requirements or directions that leaders need to know?

PARENTAL/GUARDIAN CONSENT

I am the Parent / Guardian of

- I understand that photographs may be taken during coaching, competitions or at sport related events and may be used in the promotion of sport and in accordance with current best practice.
- I hereby consent to the above child participating in activities of the organisation in line with the Irish Sports Council's Code of Ethics and Good Practice for Children's Sport.
- I will inform the leaders of my children's activities of any changes to the information above.
- I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities.

SIGNATURE

DATE

PLEASE PRINT NAME

Please return completed form together with membership fee to our Club Children's Officer.