



SUTTON CHURCHES TENNIS CLUB
R/O 97 - 101 GANDER GREEN LANE
SUTTON
SM1 2ES

Private and Confidential

Sutton Churches Tennis Club

Parental Consent Form

Child's Name – BLOCK CAPITALS

Part A – to be filled in by The Club

Club: Sutton Churches Tennis Club

Coach's Name: Adrian King-Owen Tel: (020) 8642 6577 Mobile: 07801 728 581

Junior Secretary: Jenny Freaney Tel: (020) 8661 7298 Mobile: 07977 091 873

Parents/Guardians - please make a record of these contacts.

Part B – to be filled in by parent or guardian. (Please use BLOCK CAPITALS.)

Child's Full Name: _____

Date of Birth: _____ National Health Number: _____

Name and Address of GP: _____

GP Telephone: _____

Details of any treatment/diet taken or followed: _____

Details of any health factors that may restrict full participation in tennis club activities: _____

Details of any known allergies/sensitivities (e.g. penicillin): _____

Date of last tetanus injection: _____

I certify that the above information is, to the best of my knowledge, correct, and undertake to notify the person in charge of any changes as soon as they occur.

I give my permission for my child (named above) to attend and take part in the Club's normal activities.

In the event of illness or accident I authorize the person in charge to sign on my behalf any written form of consent for treatment or medication required if the delay required to obtain my own signature is considered inadvisable by the doctor concerned. I also authorize the person in charge to administer medication as prescribed by a doctor to my child as necessary.

Emergency Contact

Signed: _____ Date: _____

Name (BLOCK CAPITALS): _____

Relationship to Child: _____

Home address: _____

Tel No. Daytime: _____ Evening: _____ Mobile: _____