**GREVILLE SMYTH COMMUNITY BOWLS CLUB (GSCBC)**

Contact: Rosie Tomlinson

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Ashton Gate

Bristol

BS3 1RU **Junior Player Consent Form**

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| **About your child** |
| Name of child……………………………………………………………………………………… D.O.B……………………………………..Address ………………………………………….…….……………………………………….. Post Code ……………………………….. ………………………………………………………………………………………………………………………………………………………………… |
| **About the Child’s Parent /Guardian** |
| Parent/ Guardian’s Name …………………………………………………………………………………………………………………………..Address if different to above…………………………………………….………………………………………………………………………….Tel no: Home ………………………………………… Mobile …………………………………… Work………………..………………… |
| **Emergency Contacts** |
| Contact name if different to above ………………………………………………………………………………………………………..…….Relation ship to child ……………………………………………………… Contact no …………………………………………………….. |
| **Background information** |
| Does your child have any:* allergies?
* Specific dietary requirements?
* Additional needs?

If yes to any of the above please provide details |
| **Agreement** |
| ☐I agree to notify GSCBC of any changes to this information.☐I confirm to the best of my knowledge my child doesn’t suffer from any medical condition other than those specified above.☐I consent to my child taking part in bowls at GSCBC or away at other venues☐I acknowledge that GSCBC is not responsible for providing adult supervision except for bowls coaching, matches or competition.☐I agree to my child being transported by club representatives to and from venues when representing GSCBC.☐I understand the GSCBC will take all reasonable steps in their duties to safeguard him/her from accident or harm.☐I acknowledge that in the event of an accident or emergency GSCBC will make every effort to contact me but if unable to make contact I consent to medical treatment being carried out by a qualified medical practitioner which may be necessary at that time.☐I agree to GSBC taking photographs to publicise the club.Signed Parent/Guardian DatePrint Name   |