



PERMISSION FOR PHOTOGRAPHS, MEDICAL CONSENT & SUPERVISION **2021/22**

I _____ the parent/ legal guardian of _____

Date of birth (of child/children): _____

School: _____ Year Group: _____

Primary Contact Number: _____ Email Address: _____

*Please note that by **not** signing one of the boxes indicated below you are indicating that you do **not** give consent.*

1. Photography & Video Footage

I hereby give permission for photographs and video footage to be taken of my child/children, provided that such photographs and video footage are taken by a DBS checked and authorised member of Ormskirk Tennis Club and are for the use by Ormskirk Tennis Club only. I understand any photographs and video footage taken may be displayed/shown in Ormskirk Tennis Club's club house, used for the promotion of Ormskirk Tennis Club and may be used in local media reporting/advertising relating to Ormskirk Tennis Club

Parent/ Legal Guardian Signature _____

Date Signed _____

2. Medical consent

I hereby give permission for my child/children (named at the top of this form) to be given basic First Aid (including the application of plasters/bandages and use of antiseptic cream/wipes etc), to call upon the emergency services and be treated as and when necessary, in the event of an accident at Ormskirk Tennis Club, by a DBS checked and authorised member of the Ormskirk Tennis Club. If available, a qualified first aider will always manage instances requiring first aid.

Signed _____ Parent/Legal Guardian Date _____

3. Emergency Contact Information

Name of emergency contact number 1 _____ Contact Number _____

Relationship to your child/children _____

Name of emergency contact number 1 _____ Contact Number _____

Relationship to your child/children _____

4. Allergies / Medical Conditions

Please list any allergies and/or medical conditions that your child/children have which, during their attendance at Ormskirk Tennis Club, may affect them and therefore authorised members of Ormskirk Tennis Club that plan and implement the junior programme should be aware of.

Allergies _____

Medical _____

5. Supervision

I acknowledge and fully accept that whilst my child/children are in attendance of an activity organised by Ormskirk Tennis Club all efforts possible will be made to supervise my child/children at all times, however I acknowledge and fully accept that there may be occasions when this is not possible and therefore my child/children may be unsupervised for periods of time.

Signed _____ Parent/Legal Guardian Date _____