

# Parental Consent Form

NAME - \_\_\_\_\_ MEMBERSHIP NUMBER - \_\_\_\_\_

During Airdrie Aces events photographs will be taken, these photographs may appear in local press or Airdrie Aces related internet sites and newsletters.

As far as possible, only first names will be listed next to photographs.

I give permission for photographs to be taken of my child and used for the purposes above.

Signed (Parent / Guardian) \_\_\_\_\_ PRINT \_\_\_\_\_

I do not wish photographs of my child to be taken and used for the purposes above.

Signed (Parent / Guardian) \_\_\_\_\_ PRINT \_\_\_\_\_

## Medical Conditions

Does your child have any medical conditions? Yes / No

If yes, please list medical conditions

\_\_\_\_\_

\_\_\_\_\_

Please state any medication required \_\_\_\_\_

Does your child have any allergies? Yes / No

If yes, please list allergies here - \_\_\_\_\_

## Emergency Contact Details

Name- \_\_\_\_\_ Relationship to child- \_\_\_\_\_

Contact Number(s) - \_\_\_\_\_

Signed (Parent / Guardian) \_\_\_\_\_ PRINT \_\_\_\_\_

IT IS IMPORTANT THAT **YOU** INFORM US IF ANY OF THIS INFORMATION CHANGES DURING THE SEASON.

Please inform us of any other relevant information you think is necessary for us to be aware of if leaving your child at any of our events.

This information is held for the season only and disposed of thereafter.