



www.tavisquash.org

Chairman	Simon Powell	01822 611311
Membership	Joy O' Gorman	joy.ogorman@gmail.com
Secretary	Joe Kuipers	01822 810590

JUNIOR (16 TO 18) PARENTAL CONSENT FORM

- I agree to.....playing unsupervised at the courts and confirm aged between 16 to 18 inclusive (date of birth.....).

Use of the aerobic machines is not permitted for those under the age of 18 in any event.

- I agree with the need for him/her to behave responsibly and to play in clean none marking court shoes. I accept liability if damage occurs to any property of the Club as a result of my child's actions.
- I agree for him/her to play only with other players who are members.
- I understand my child needs to attend a one off session with a committee member from the club for a safety briefing prior to beginning play and I agree to make said arrangements with the club direct.
- I have read the clubs rules and constitution and confirm I have explained these to my child.
- I understand that accidental injury can occur when playing in close proximity of other players. I will not hold the Club responsible if such an accident occurs and confirm I have read and signed the club's standard waiver on my child's behalf (enclosed with this form or passed previously to club during family membership application dated)
- The club recommends the use of goggles and these can be obtained from sports shops or the internet (a good general guide is available on www.englandsquashandracketball.com). Cost is usually £10 upwards but we do have some available on free loan for new members trying out the sport whilst at the club.
- If there are any medical conditions (or allergies) then the Club recommends that you contact your own GP to check that your child is medically fit to participate.
- The Club recommends that you provide your child with an emergency contact number together with some small change to use the telephone at the Club; alternatively they may have the use of a mobile.

Please sign and print your name below. Please also read the photographic/video imaging section below and sign if in agreement.

Thank you.

Signed (Parent / Guardian):

Date:

Print Name:

Please also list your full contact details as follows:

Postal Address:

Post Code:

Email:

Home Tel:

Work Tel:

Mobile:

PHOTOGRAPHY AND RECORDED IMAGES

Tavistock Squash & Racketball Club recognises the need to ensure the welfare and safety of all young people in sport. In accordance with our child protection policy we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

The club will follow the guidance for the use of photographs a copy of which is available from Maggie Jones, Club Welfare Officer.

The club will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the club immediately.

I (parent/carer)..... consent to Tavistock Squash & Racketball Club photographing or videoing my child's involvement in squash/racketball for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Signed:.....Date.....

I (name of child)..... consent to (Club or organisation) photographing or videoing my involvement in squash for the period of time shown on this form.

Signed:.....Date.....

GOGGLES EXCLUSION CONSENT

THE CONSENT OF A PARENT OR GUARDIAN IS REQUIRED FOR ANY PLAYER UNDER 18 WHO DOES NOT WANT TO USE GOGGLES.

As parent/guardian of the above named child, I consent to him/her not wearing goggles when participating in Junior Squash/Racketball.

Signed:.....