

Player Consent Form

You must have a completed consent form to participate in the session.

Player's Name _____ D.O.B _____
Gender: Male/Female

Contact Email _____ Phone Number _____

Player's Address _____ Postcode _____

This form gives parental permission for my child to attend training sessions with Black Sheep Ultimate:

By signing below:

- I agree to my child's attendance of the session specified above and understand that it is my responsibility to organise my child's transport to and from the venue.
- I understand that the session will be predominantly attended by adults with only a small number under 18s attending.
- Informal social events may take place after the event but under 18 players will encouraged to return home immediately after the event.
- I agree to my child's participation in the sport of ultimate. Ultimate is unique as it is self-refereed and instead governed by The Spirit of the Game.
- I understand that Black Sheep Ultimate takes no responsibility for injuries incurred during play. While ultimate is a non-contact sport collision and in some cases injuries may still occur.
- I undertake to ensure that my child will depart for all sessions in good health and that the organiser will be informed of any health problems.
- I give my consent that if an emergency medical situation arises, Black Sheep Ultimate may act as loco parentis. The club will undertake to ensure that appropriate first aid and/or other medical treatment is carried out by a qualified medical practitioner.

I have read and understood the above paragraphs.

Parent/Guardian Name

Relationship:

Signature:

Date/...../.....

EMERGENCY CONTACTS

Contact 1	Contact 2
Name:	Name:
Relationship to Player:	Relationship to Player:
Telephone (Home):	Telephone (Home):
Telephone (Work):	Telephone (Work):
Telephone (Mobile):	Telephone (Mobile):
Email:	Email:

MEDICAL INFORMATION

Any specific medical conditions requiring medical treatment? **Yes:** **No:**
Please give details:

Details of medication required (pain/flu/inhaler):

Any specific medical condition or disability? **Yes:** **No:**
Please give details:

Any allergies? **Yes:** **No:**
Please give details:

If you or your child is bringing an inhaler or other medication please mark it carefully and give details.
[Please note other players are unable to administer any medication so please ensure your child has the appropriate medication with them and is able to self administer.]

Any further details on medical/emotional conditions or treatments or any other information which you feel we should know about.
