

PARENTAL/GUARDIAN CONSENT FORM

THANK YOU FOR REGISTERING FOR THE 'SINNOTT 25' EVENT IN AID OF THE JORDAN SINNOTT FOUNDATION, YORKSHIRE AIR AMBULANCE AND THE HUDDERSFIELD TOWN FOUNDATION. PLEASE COMPLETE ALL THE INFORMATION REQUESTED BELOW.

ENTRANT'S PERSONAL DETAILS

Child's Full Name:

Date of Birth:

Age:

Address:

Post Code:

Tel No:

EMERGENCY CONTACT DETAILS

Parent/Guardian's Full Name:

Home Tel No:

Mobile Tel No:

Email Address:

Relationship To Child:

Second Emergency Contact:

Daytime Tel No:

Mobile Tel No:

HEALTH AND OTHER INFORMATION

Doctor's Full Name:

Any Additional Information:

CONSENT

- 1 I confirm that at the time of the event my Son / Daughter will be 14 years of age or over.
- 2 I consent to my son/daughter taking part in The Sinnott 25 event.
- 3 I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition which may prevent/hinder him/her from completing the Walk.
- 4 I give consent for the administration of basic first aid treatment if it is deemed necessary.
- 5 I give full consent for my son/daughter to be taken to hospital in case of an emergency, providing I am advised immediately.
- 6 I give full consent in my absence for any emergency treatment to be given by paramedics or medical staff at hospital.
- 7 I give consent for photos to be taken of my son/daughter for marketing purposes.
- 8 I understand that the Club and organisers accept no responsibility for loss, damage or injury caused by or during attendance on The Sinnott 25 event.

PARENT/GUARDIAN'S SIGNATURE:

DATE:

This form will be disposed of securely after the walk.
To view Huddersfield Town's Privacy Policy please visit www.htafc.com/htafcs-privacy-policy/

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