

# PARENTAL/GUARDIAN CONSENT FORM

THANK YOU FOR REGISTERING FOR THE 'WORTHINGTON WALK' EVENT IN AID OF THE YORKSHIRE AIR AMBULANCE AND THE ALZHEIMER'S SOCIETY. 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:

SPONSORED BY

## 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 'Worthington Walk' 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 'Worthington Walk' 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/](http://www.htafc.com/htafcs-privacy-policy/)



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