

# Player Consent



First Name: .....	Gender: .....
Family Name: .....	Date of Birth: .....
Guardian's Name: .....	Squad: .....
Address: .....	Doctor's Name: .....
.....	Doctor's Tel: .....
.....	Doctor's Address: .....
Post Code: .....	.....
Home Phone: .....	.....
Guardian's Mobile: .....	.....
E-mail address: .....	.....

## Medical Conditions

Does the applicant have any medical conditions we should be made aware of, that may require treatment or medication during our activities.

**YES / NO \***

If you answered yes please describe in full: .....

.....

If during the period of time training with All Stars Elite Badminton your child must receive hospital treatment, do you give us permission to take relevant action.

**YES / NO \***

## Parental or Guardian's Consent

All information contained within this form is current and to the best of my knowledge correct.

I give consent for ..... to take part in All Stars Elite Badminton.

I approve/do not approve \* of photography or videoing of my child during All Stars Elite Badminton training/ events, then uploading the video onto All Stars Elite Badminton channel on You Tube and for any general media publications.

Signed: .....

Print Name: .....

Date: .....

Note: \* (Please delete as appropriate)



