



# FRIENDS of ALLONBY LIVERPOOL CANOE CLUB

## Parental Consent Form

Please complete this form in **BLOCK CAPITALS** it must be returned to the Membership Secretary with any Membership Form which includes a child under the age of 18 years.

Name of Child	
Date of Birth	
Name of parent/guardian	
Parent/guardian address	
Home phone number	
Mobile phone number	

### Consent, please read carefully

- I understand the activities of the Club and agree to my son/daughter taking part in these activities.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed below.
- I consent to my child receiving medical treatment which in the opinion of a qualified first aider or medical practitioner, as appropriate, may be necessary.
- I understand that as part of communication activity the Club uses photography for publicity purposes and will use photographs/film on their website and in publicity material.
- I confirm that my son/daughter is not subject to any court order prohibiting publication of their image.
- I consent to my son/daughter traveling by any form of public transport, minibus, or motor vehicle driven by any Club Coach or any other parent attending, to any event in which the Club is participating.
- I agree to be at the pick-up/drop-off point at the agreed time.
- I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance at any of the Club's organized activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

In your child's interest it is important the organizers should know whether he or she suffers from any illness or medical condition. Please use the space in the box below to state, in confidence, any health or other matter concerning your child or which accompanying Club members should be aware. Please also indicate if your child is receiving any medication, with details and dosage, and/or specific dietary requirements.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_