



**Player Consent Form**

You must have a completed consent form to participate in the session.  
If you are over 18 then you can sign your own consent.

Athlete Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Ultimate Team \_\_\_\_\_

Players email address which is checked DAILY \_\_\_\_\_

This form gives my / parental permission for me / my child to attend the following session:

**UK Ultimate GB Junior Team Trials**

**Saturday 26<sup>th</sup> January 2019**  
**U17 WOMEN'S TRIAL 1-3PM**  
**(with further 30 mins cool down on half pitch)**

**U20 WOMEN'S TRIAL 3-7PM**  
**(First 30 mins shared warmup/cooldown with U17's)**

**\*\* 2<sup>ND</sup> TRIAL-by invite only!! \*\***  
**\*\*\* SUNDAY 3<sup>RD</sup> MARCH 10AM-6PM \*\*\***

**The Alan Higgs Centre**  
**Allard Way CV3 1HW**

**Tel: 02476308244**

Please arrive early and be ready play before 1pm with boots on - no metal studs please!!

**COST £15 PER PLAYER PAYABLE PRIOR TO THE START OF TRAINING**

By signing below:

- I agree to my / my child's attendance of the event specified above and understand that it is my responsibility to organise my child's transport to and from the venue.
- I agree to my / my child's participation in the sport of ultimate.
- I understand that pictures of me / my child playing the sport of ultimate may be taken during the event by a third party, and that those pictures may be published on the internet without knowledge of UK Ultimate.
- I understand that UK Ultimate takes no responsibility for injuries incurred during play.
- I undertake to ensure that I / my child will depart for all training events / tournaments in good health and that the coaches will be informed of any health problems.
- I understand that in the event of an emergency I authorise UK Ultimate adults to act on my / my child's behalf and if necessary, sanction emergency care. I shall be informed as soon as possible.

I have read and understood the above paragraph.

Signature of Parent (U18s only) \_\_\_\_\_

Player Name ..... Player Signature..... Date ...../...../.....



**EMERGENCY CONTACTS**

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

**\*EMERGENCY CONTACTS - Please provide 2 emergency contact numbers in order of contact preference, writing these clearly as these will be used in the event of a medical emergency.**

**MEDICAL INFORMATION**

Details of any allergies (including hayfever) especially to food, medicines & drugs

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If you or your child is bringing an inhaler or other medication please mark it carefully and give details. [Please note coaches are unable to administer any medication so please ensure you / 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.

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**PAIN RELIEF CONSENT (Under 18's only)**

I give my permission for my son/daughter to be given pain relief by UK Ultimate coaches should he/she require it during the event/competition.

He/she can have the following I.E. Paracetamol/Ibuprofen

Signature of Parent ..... Date ...../...../.....

I give my permission for my son/daughter to travel in cars driven by team staff or other team members should the need arise.

Signature of Parent ..... Date...../...../.....