



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 Club Team _____ Player's Mobile Number _____

Player's 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 U20 Women's Team Trials

DATE: Sunday 20th October 2019

TIME: 11.30am - 4.30pm

DATE: Sunday 15th December 2019

TIME: 11.30am - 4.30pm

DATE: Sunday 19th January 2020

TIME: 11.30am - 5pm

VENUE: Telford College, Haybridge Rd, Wellington, Telford TF1 2NP

Please arrive early, get kitted up with forms fully completed for registration 45mins BEFORE your start time!!

No metal studs please!!

COST £15 PER PLAYER PER DAY 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) _____ Date ___/___/___

Signature of Player (18+) _____ Date ___/___/___



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

Contact 1	Contact 2
Name:	Name:
Relationship to Player:	Relationship to Player:
Telephone (Home):	Telephone (Home):
Telephone (Mobile):	Telephone (Mobile):
**E-mail address:	**Email address:

MEDICAL INFORMATION

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

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.

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 ___/___/___

TRAVEL CONSENT (Under 18's only)

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 ___/___/___