**Nuneaton Predators Basketball Club**

 Parental Consent Form 2020/21

Players Name First:………………………………………….. Last:……………………………………………

DOB: …………………………………… Age: ………………... School Year:………………………

Gender: Male Female

Ethnicity:………………………………………………………………………………………………………………………………………….

Address:……………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………..................................................

Postcode:………………………………………………

**Parents Section**

**Emergency contact details:**

Parents Name: …………………………………………………… Tel no: ……………..……………………...

Parents e-mail: ………………………....................................................................................

Relationship to child: ……………………………………………………………………………….................

**Alternate Emergency contact details:**

Name: …………………………………………………………… Telephone no: ……………..………………...

Relationship to child: ………………………………………………………………………………...................

**Medical Details:**

Does your child suffer from any medical conditions/allergies that the club/coach should be aware of: .......................................................................................................................

………...…………………….………………………………………………………………………………..……………….

…...……………………………………………………………………..……………………………..……………………...

Please provide details of medication that must be/is already being administered: ………………………………………….…………………………………………………………………………………………

………..…………………………………………..……………………………..……………………………..………………..

Is there anything else that the club/coach should be aware of:

………………………………………….…………………………………………………………………………………………

………..…………………………………………..……………………………..……………………………..………………..

**CONSENT** (please read carefully)

The club, and in turn the YBL, may take pictures or videos of the team for promotional, marketing and coaching purposes. If you **do not** want your child to be a part of these pictures please tick here □

1. I agree to my son/ daughter taking part in the activities of the club.
2. I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
3. I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club.

Signed ………………………………….....................… (Parent/ Guardian/Carer)

Date: ……………………………