

WESSEX VOLLEYBALL CLUB

Dear Parent / Guardian

Your child is training with Wessex Volleyball Club and has been / may be selected to represent his / her team in various competitions throughout the 2007 / 2008 season. As he / she is below the age of 18 years we should be obliged if you would give your written consent to his / her participation under the terms shown in this letter.

In addition it would help if you would complete the emergency contact and medical information part of the form and ensure we are kept updated. Any information given will be held in confidence.

Whilst the Club personnel will exercise all reasonable care they cannot be held responsible for any loss or damage to property or injury to members of the squad how so ever caused. Should emergency treatment be required for any reason every effort will be made to contact you but treatment will be given where necessary as deemed appropriate.

In National competitions players must submit themselves to doping procedures if selected. This involves providing a sample of urine under observation by a trained Independent Sampling Officer.

We follow the guidance for the use of photographs and videoing and will do all we can to ensure that any photographs and video footage will only be used for volleyball purposes. If you do not wish your child to appear in team or action photos or video footage please attach a letter to this form.

We do insist on good and appropriate behaviour from all players and they are warned that action will be taken against anybody not conforming to the standards expected.

There is a cost to playing volleyball and this must be paid when due.

If you have any questions please do not hesitate to ask the coach or contact number Lynn Allen on 01202 740021.

I hereby confirm that I am a person having parental responsibility for and I consent to him /her playing volleyball under the conditions given above.

Signed Dated

Emergency contact (please print clearly)

Name Relationship

Telephone No (day) Telephone No (eve) Mobile

Address
.....

Medical Information:

Name of Doctor..... Surgery tele. no.....

Does your child suffer from any allergies, including to medications. If so please give details
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Please give details of any injury or medical condition of which we should be aware:

**Please return this form to the team coach or send to:
153 Winston Ave, Branksome, Poole, Dorset. BH12 1PD**