

*(Insert Club Name/Logo)*

## Parent/Guardian/Carer Consent Form

All **"INSERT CLUB NAME"** Handball Club sessions involving juvenile members are run under the guidance of coaches qualified to the appropriate level in accordance with GAA Handball guidelines.

**Please complete the following in block capitals, sign and return to:**

**(INSERT CLUB PERSONS NAME)**

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Details of any known special dietary requirement / allergies / medical conditions:**

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**Any other special needs, requirements, directions that would be helpful for the coaches to know about?**

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**Name of Parent/ Guardian / Carer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Mobile:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Emergency Contact Person:**

\_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**CONSENT** (please read carefully)

- a) I agree to my son/daughter taking part in the activities of the club.
- b) I have provided the Club with any medical conditions, that my child suffers from and, where relevant, instruction on how to administer specific medication in the event of an emergency, in the club's medical conditions form.
- c) I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending, to any event in which the club is participating.
- d) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the club's organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

**Signed:** \_\_\_\_\_ **(Parent/ Guardian/Carer)**

**Date:** \_\_\_\_\_