**OLNEY NETBALL CLUB CONSENT FORM (page 1)**

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| **CONTACT DETAILS** | |
| **Player Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Phone Contact Numbers** |  |
| Player Mobile (if appropriate – will be used for team what’s app) |  |
| Parent Mobile  (for Juniors, will be used for team what’s app) |  |
| Home (if different from above) |  |
| **Player Email Address**  (if applicable, for all ONC email) |  |
| **Parent Email Address** (for Juniors, will be used for all ONC email) |  |

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| **MEDICAL INFORMATION** | |
| **Any medical conditions requiring treatment or medication?** | |
| **Yes / No *(delete as appropriate)*** | |
| **If Yes please give details** |  |
| **Any allergies** | |
| **Yes / No *(delete as appropriate)*** | |
| **If Yes please give details** |  |

**Please note that it is the Player/Parent’s responsibility to ensure they have appropriate medication/treatment with them at training and matches if needed (e.g. inhaler, EPI pen).**

**OLNEY NETBALL CLUB CONSENT FORM (page 2)**

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| **For all PLAYERS (18 or over) to complete……** |

**Media Consent:** I consent/do not consent (***delete as appropriate***) to my photograph being taken whilst representing the Olney netball club e.g. at training sessions, presentation evenings, at fundraising events, to be used (alongside my name) for publicising the club with local newspapers or on ONC social media.

**Mobile Phone consent**: I consent/do not consent (***delete as appropriate****)* to my phone contact number being added to a Team What’s App group or team management app for the purpose of communicating and managing team fixtures.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME if returning to ONC by email)**

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

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| **For PARENTS of PLAYERS U18 to complete……** |

**Medical Consent:** I, parent/guardian of the above-named child playing for ONC, hereby **give permission/do not give permission** (***delete as appropriate***) for representatives of Olney Netball Club to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my daughter’s interest, in the doctor’s opinion, for any delay to be incurred by seeking my consent.

**Media Consent:** I consent/do not consent (***delete as appropriate***) to my child having her photograph being taken whilst representing the Olney netball club e.g. at training sessions, presentation evenings, at fundraising events, to be used (alongside her name) for publicising the club with local newspapers or on ONC social media.

**Mobile Phone consent**: I consent/do not consent (***delete as appropriate****)* to our phone contact numbers being added to a Team What’s App group or team management app for the purpose of communicating and managing team fixtures.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian   
(PRINT NAME if returning to ONC by email)**

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