

## Junior Coaching Parental Consent

Complete and return to the Junior Academy

SEPTEMBER 2013

**Activity:** Junior squash coaching at Holmer Green Squash & Racketball Club

I agree to (childs name)	_____	taking part in the activities described.	_____
Date commencing	_____	Date of birth	DD / MM / YYYY
I acknowledge the need for (childs name)	_____	to behave responsibly.	_____

Any conditions requiring medical treatment: ☐ YES ☐ NO If YES please give brief details:

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Please outline any special dietary requirements of your child and the type of pain or flu relief medication that your child may be given, if necessary:

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To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks that may be contagious or infectious? ☐ YES ☐ NO If YES please give brief details:

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Is your child allergic to any medication? ☐ YES ☐ NO If YES please specify:

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When did your child last have a tetanus injection? DD / MM / YYYY

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Please inform the person in charge as soon as possible of any changes in the medical or other circumstances.

**David Albin**  
Junior Academy  
juniors@hgsrc.co.uk  
07776 226332

[www.hgsrc.co.uk](http://www.hgsrc.co.uk)

Holmer Green Squash & Racketball Club  
Sports Pavilion, Watchet Lane, Holmer Green, High Wycombe, Bucks, HP15 6UF



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### Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including an anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Parent/Guardian (full name) \_\_\_\_\_

Home telephone (inc. area code) \_\_\_\_\_

Work telephone \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Emergency contact (full name) \_\_\_\_\_

Home telephone (inc. area code) \_\_\_\_\_

Work telephone \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Family Doctor \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Eye Protection

Eye protection is mandatory for all juniors attending coaching at HGSRCL. It is the responsibility of the parent/guardian to ensure that eye protection is worn during Junior Squash coaching. The coach cannot be held responsible if a child does not wear eye protection. Eye protection goggles are available to purchase from the coach.

### Notes

When collecting personal data such as names or email addresses Holmer Green Squash & Racketball Club (HGSRCL) are legally obliged by the Data Protection Act 1998 to ensure that we only use this information for the purpose for which it was requested, and to make sure that it is kept securely.

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