

Dear Parent / Guardian

As your child is training / playing volleyball with Wessex Volleyball Club we should be obliged if you would give your written consent to his / her participation under the terms shown in this letter.

In addition, please complete the emergency contact and medical information part of the form. Any information will be given in confidence. Please note that any changes to the information given below should be advised to the Club as soon as possible by e mail [wessex4vb@btinternet.com](mailto:wessex4vb@btinternet.com) or by post to Lynn Allen, 153 Winston Ave, Branksome, Poole, BH12 1PD.

We do regard the welfare of the children as paramount but whilst 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 however 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.

Beach sessions in the summer. Although we will do everything possible to ensure the children's safety, we hope you understand that we cannot be responsible for children who leave the court area, and particularly if they swim in the sea. Therefore we would prefer if a parent could stay so that all the children have someone keeping an eye on them.

We follow the guidance for the use of photograph 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, particularly in public areas, and 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.

The Club will run a "wristband and play" scheme where players will be given a wristband to wear upon return of this form. Players not returning this form and therefore not having a wristband will not be able to join in after the first couple of weeks.

If you have any questions please do not hesitate to ask one of the coaches. Our contact numbers are Geoff or Lynn Allen 01202 740021 and Rex Palmer on 01202 678154. (Please phone if there are doubts about the suitability of the weather for the beach sessions.) Further information is available on the Club's web site [www.wessexvolleyball.com](http://www.wessexvolleyball.com)

-----  
Please print clearly and return the form to your coach or Lynn Allen at the address shown above.

Players name..... Date of birth.....

Phone numbers - home..... mobile.....

Address.....

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.....

Parents emergency contact details - Name.....  
Relationship.....

Telephone no..... daytime  
Mobile.....

Telephone no..... evening

Address (if different from above) .....

Medical Information - Name of Doctor.....  
Surgery tele. no.....

Does your child suffer from any allergies, including to medications. If so, please give details

.....

Please give details of any injury or medical condition of which we should be aware.

.....