



Parental Consent Form

Event: Sandbanks Beach Volleyball Festival incorporating The British Beach Volleyball Championships, Sandbanks, Poole

Dates: 14/15 July 2012

Name of Child.....

Parent / Guardians Name

Home Phone

Work Phone

Mobile Number

In case of emergency we can also contact (Name and Phone Number)

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Please list any medication your child should take or any allergies, illnesses or medical information we should be aware of:

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Please print:

I, give my child.....
(parent /guardian)

permission to attend the Sandbanks Beach Volleyball Festival incorporating The British Beach Volleyball Championships, Sandbanks, Poole

I certify that my child is in good health and is able to participate in normal volleyball activities. In the event of an accident or illness I request that the team coaching staff take any necessary action at the time. I understand that every effort will be made to contact me in the event of any such medical emergency. I understand that this event will operate in a public place and that the event organisers and personnel will make reasonable arrangements necessary to fulfil the Volleyball England Child Protection Policy. I also give permission for my son / daughter to be photographed at the event. If required I also give permission for my child to undergo doping control.

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Parent /Guardian Signature

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Date