



## Consent Form (Under 18's)

Player's Name: \_\_\_\_\_  
(under 18 as at date of application)

### Parent or Guardian's Details

Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_

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

Are there any health issues we need to be made aware of:

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I have completed the medical details above and I consent that, in the event of any illness or accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Received by: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_