



# Parental Consent Form – Hampshire Junior Squash

Please print in BLOCK CAPITALS

First Name of participant.....Surname.....

Date of Birth.....Age.....Male/Female

School attending.....

Club/Leisure Centre where playing.....Coach.....

Home address.....

Post Code.....

Name of parent/guardian.....

Contact no: Home.....Work.....

Mobile.....

E Mail address.....

Name and address of participant's Doctor.....

Telephone no:.....

## Consent

I confirm that I have parental responsibility for.....

He/she is in good health and I consider him/her to be capable of taking part in the squash activities set out. I consent to him/her taking part in the programme detailed in the letter / invitation.

I understand that my child will be taking part in Hampshire Junior squad sessions, which are fully participative, and involve squash routines and the playing of games. In the event of illness or accident, I consent to any necessary medical treatment being administered, which might include the use of anaesthetics

## Consent for taking images

During our events we may take pictures and videos. We would like to use these in displays, presentations or in our own publications, newsletter or publicity

In the event of any images of my child being taken I consent for them being used for educational purposes. **Yes No**



I understand that if my child is easily identifiable e.g. close facial shot, then I will be informed prior to the image being used. **Yes No**

**Data protection act 1998** – HSRA will not use the personal details or full name (first name & surname) of any individual in a photographic image, on video or on our website or in any of our other printed material without prior consent

Signed.....(for participants under 18 years of age)

Print name.....

Signed.....(for participants age 18 years or over)  
*Participant*

Print name.....

Date.....