

Annual Registration and Consent Form – It is essential that this form is accurately completed

1. Member Details	
Name	Date of Birth:
Address	Telephone:

2. Emergency Contacts - Contact 1	
Name	
Address	Postcode
Home Telephone	Mobile:
Contact 2	
Name	
Address	Postcode
Home Telephone	Mobile:

3. Personal Circumstances

If your child has any faith, cultural or wellbeing needs that are relevant please provide details below (Health Information is covered in the Medical Consent area of this form)

--

Please confirm that you (circle response):

Give permission for photographs and videos to be taken of your child? Yes / No
 Give permission for photos of your child to be used in any media related articles? Yes / No
 Are in agreement with the club's 'Transporting Children Policy' Yes / No
 Allow your child to travel to and from Rocker Sessions without adult supervision Yes/ No

Is your child subject to a court/care order preventing the publication and sharing of their image? Yes / No

<p>Please name below the adults who are allowed to collect your child from the Club and to return them to home:</p>
<p>Are there any adults that your son/daughter should definitely not be released to:</p> <p>Yes/No Please State: _____</p>

Declaration

I, the parent/guardian of _____ agree to them taking part in the Braehead Rockers Curling Club and any arranged external competitions during this season, and in all activities and transport organised as part of the programme of the Club.

I undertake to inform the relevant staff of any change in the medical circumstances.
 I understand that The Royal Caledonian Curling Club will not be liable for anything that happens to my child prior to arrival or after departure from the programme at dismissal time.

Signed (Parent or Guardian) Date.....

