



Ready To Go Pro Consent Form

Name of child:

Date of Birth:

Age at start of session:

Name of Parent/Carer

Home address:

Home phone number:

Parent/carers mobile number:

Health Needs

Does your child have any needs? E.g Asthma, epilepsy, diabetes, allergies

Yes/No

If yes please complete the selection below

Current medication

Name:

Medication:

How often is this needed?

What does Ready to Go Pro need to do to keep your child well e.g Administer planned medication, call ambulance, give snacks? Etc. **Please be very specific**

Images

At times Ready To Go Pro may wish to take video footage/photo's of the group or individuals. We ensure that these are safe respectful and solely for the use of which they are intended, which is the celebration of activities and events and for training purposes.

Please indicate if this is acceptable to you

Yes/No

Consent of Parent/Carer

I give consent for events/activities.

to participate in Ready To Go Pro's

I accept that it is my responsibility to inform Ready To Go Pro of any changes in details recorded on this form

Signed (Parent/Carer)

Please print name:

Date:

Players consent

If you are over 11 years old sign section A

If you are under 11 years old sign section B

Section A

I agree to participation in Ready To Go Pro's events and activities and will follow any guidelines and codes of conducts that may be issued to ensure my own safety

Signed (player)

Please print name:

Date:

Section B

I will take part in Ready To Go Pro's events and activities and I will stick to the rules they provide.

I will tell the coach if I do not feel well or have any worries

Signed (player)

Please print name:

Date:

It is important you fill in all the correct details. Failure to do this could mean that the safety and welfare of your child is compromised. Ready to Go Pro cannot be responsible if the information has not been shared.