

PARENTAL CONSENT TO PARTICIPATION IN ARTISTIC ROLLERSKATING ACTIVITIES

Details of child or young person

First Name: _____	Surname: _____	Parent or Guardian Name: _____
Address: _____		

Post Code: _____	Telephone Number(s) _____	E-Mail Address _____

N.B. The Postcode MUST be completed

DD/MM/YY
Date of birth

Sex M..... F.....
(Tick M or F)

<p>“Home” Club or Organisation.</p> <p style="text-align: center;">Sally’s Academy of Roller Skating @Woodside Leisure Centre, Watford</p>

Medical information about your child:	
Are there any medical conditions that should be known about your child that may affect sport participation?	YES/NO
If yes give brief details:	
Is your child provided with special drugs or use of medical equipment for medical reasons?	YES/NO
Is your child to the best of your knowledge allergic to any medication?	YES/NO
If yes is answered to any of the above questions please ensure the situation is brought to the attention of an official of the Club or organisation.	
Please name the official notified:	

I hereby give permission for the above named child or young person to participate in the sport of artistic roller skating. A Full explanation has been provided me as to the activities of the sport and the type of training/teaching that is necessary to advance in the skills required.

Signature of parent/guardian/carer:

Print Name: Date: