



Parental Consent form

If you are entering a child under 16 for the competition, please fill in this form and send it in with your entry.

Parental Consent Form

Name of child: _____ Date of Birth: ____/____/____

Any Disabilities or Special Needs: _____

Name of Event: _____ Date of Event: _____

Home Address of Parent/ Guardian: _____

_____ Post Code: _____

Tel No (Day): _____ Tel No (Eve): _____

Mobile No: _____

In case of Emergency number: _____

If you are not attending the event with your child who will be responsible for them at the event:- Name: _____ Phone number _____

Additional details: (any information, given in confidence, of which the organisers should be aware – specific dietary needs, details of any medication, allergies etc.)

DECLARATION: I have received comprehensive details of this event and consent to my child taking part in the activities indicated. I consent to my child receiving any medical treatment, which in the opinion of a qualified medical practitioner, may be necessary.

I am aware that photographs may be taken during the TREC event for promotional purposes and give consent / DO NOT give consent (please delete as appropriate) for my child to feature in such photos.

Signed: _____ (Parent/ Carer) Date: _____

Signed: _____ (Child) Date: _____