

Isle of Wight Hockey Club Parent / Guardian Consent Form & Medical Information / Emergency Contact Form



Player's Name	
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Parent/Guardian Details:	
Name	
Address:	
Post Code:	
Telephone Home:	
Telephone Mobile:	
E-mail address:	

- I give permission for my son/daughter to join the Isle of Wight Hockey Club
- I consent to my son/daughter being part of team photographs that may be published in print or on-line. A team photograph may also be made available for the main sponsors.
- From time to time we may publish hockey action images of individuals on our website and, at certain events, professional event photographers may ask for permission to photograph individual players. For further details and conditions under which photographs are published, please refer to the IOWHC Child Protection Policy. **If you do not permit individual photographs of your son/daughter to be taken and used as described, please tick here:**
- I consent to my e-mail address (as above) to be used to duplicate any communication with my son/daughter so that I receive the same e-mails as my son/daughter
Please note: If you don't have e-mail or do not have access to a computer, please get in touch and we can discuss other ways of contacting you.
- You need to be aware that in case of injury (other than light sprains and scrapes) whilst playing away, we will always contact local emergency services and, if a visit to a hospital or medical centre is required, an adult normally accompany the player. Light injuries and sprains will be treated on the pitch using a fully-stocked Sports First Aid Kit and ice-packs. A qualified first-aider will be present at each match. In the case of girls' matches, we will also endeavour to always travel with at least one female adult but this may not always be possible. Please use the attached form to indicate any medical information we need to be aware of (i.e. existing conditions, allergies etc.), emergency contact details as well as the name, address AND telephone number of your GP.
- The Isle of Wight Hockey Club Child Protection Policy is available for you to read. Please contact us for a copy.

Signature: _____

Name (please print): _____

