**Club registration and consent form**

**Confidentiality**: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal information – child / young person** | | | | |
| Name |  | | | |
| prefer name |  | | | |
| Address |  | | | |
| Date of birth |  | | | |
| Gender1 | Male  | Female  | Non-binary  | Another description (please state)  |
| What is your first language or preferred type of communication? | |  | | |
| How do you best communicate with others? | |  | | |
| Are there specific things we need to bear in mind to support you? | |  | | |
| Are there any activities in which you cannot participate? | | No  | Yes – please give details  | |
| Why would you like to join this club, team or activity? | |  | | |
| What do you enjoy most about playing table tennis? | |  | | |
| Are there any practical things that have helped you previously take part in sport that would help us support you here? | |  | | |

|  |  |
| --- | --- |
| Is there anything we need understand about you, so we can support you to take part? |  |

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| --- | --- |
| **Personal information – parent or carer** | |
| Name |  |
| Contact number(s) |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact information** | | | |
| Name of alternative adult to contact in an emergency |  | Relationship to child or young person |  |
| Contact number(s) of alternative adult |  | | |

|  |  |  |
| --- | --- | --- |
|  | **Medical information** | |
| Are there any specific medical conditions requiring medical treatment? | No  | Yes – please give details  |
| Details of medication required (e.g. pills, inhaler) |  | |
| Are there any other medical conditions or disabilities to be aware of? | No  | Yes – please give details  |
| Do they have any allergies? | No  | Yes – please give details  |
| Are there any dietary requirements (including vegan / vegetarian)? | No  | Yes – please give details  |

|  |  |
| --- | --- |
| **I confirm my registration – child / young person** | |
| Signature |  |
| Print name |  |
| Today’s date |  |

|  |  |
| --- | --- |
| **Declaration of consent – parent / carer** | |
| Please tick the boxes below and then sign this form. | |
| I give my consent that if an emergency medical situation arises, the organisation /club may act *in loco parentis* for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also hhvvunderstand that in such circumstances all reasonable steps will be taken. | |
| I confirm that I have read, or been made aware of, the organisation’s:  • codes of conduct for parents, coaches, and children.   * transport policy * changing-room policy * policies on photography, videoing, texting and use of social media. | |
| I confirm that my child is aware of the **Table Tennis Ulster’s** code of conduct for children and its anti-bullying policy. | |
| Signature |  |
| Print name |  |
| Date |  |