Permissions

<u>Permissions</u>			
to be completed if the person under 19yrs)			
I			
(full name of parent / carer):			
 give permission for the first aid trained personnel to carry out any emergency medical treatment required by my child; confirm that my child is in good health and fit to participate in the sport of badminton; consent to photographs / videos being taken of my child. Badminton Club' may use these in promotions, on the website or social media under Badminton England's Child Protection and Best Practice Policy Guidelines. I confirm that I am legally entitled to give this consent. I also confirm that is not under a court order. 			
(signature of Parent / Carer)			
Date:			
(to be completed by ALL players)			
(name of player) consent to the videoing and photographing of my involvement in badminton and for it to be used by 'Badminton Club'			
to promote sport in the press, on the website or social media under Badminton England's Child Protection and Best Practice policies.			
(signature of Player)			
Date:			

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(signature of Player) Date:		

Player Details Badminton England No: _____ Surname: Forename: Gender: Male / Female / Other Date of Birth: Address: Post Code: Tel. No.: Home: _____ Mobile: _____ Email address: Ethnicity: Emergency contact: Name: Tel. No.: Do you consider yourself to be disabled? Yes / No Doctor's name and Tel.: Medical information: Do you carry medication? If yes, please specify: Will you be administering this medicine yourself? Yes / No Do you give permission for us to administer this medicine in an emergency? Yes / No Please state the dose required and when: *PTO*...

	<u>Player Details</u>
Badminton Eng	gland No:
Surname:	
Forename:	
Gender:	Male / Female / Other
Date of Birth:	
Address:	,
Post Code:	
Tel. No.: Home	:
Mobil	le:
Email address:	
Ethnicity:	
Emergency cor Name:	ntact:
Tel. No.:	
Do you conside	er yourself to be disabled? Yes / No
Doctor's name	and Tel.:
Medical inform	nation:
Do you carry n	nedication? If yes, please specify:
Will you be addryourself?	ministering this medicine Yes / No
	ermission for us to administer n an emergency? Yes / No
Please state the	dose required and when:

<u>Play</u>	<u>er Details</u>
Badminton England N	No:
Surname:	
Forename:	
Gender: Male	/ Female / Other
Date of Birth:	
Address:	
Post Code:	
Tel. No.: Home:	
Ethnicity:	
Emergency contact: Name:	
Tel. No.:	
Do you consider your	self to be disabled? Yes / No
Doctor's name and Te	el.:
Medical information:	
Do you carry medicat	ion? If yes, please specify:
Will you be administed yourself?	ering this medicine Yes / No
Do you give permission this medicine in an en	on for us to administer nergency? Yes / No
Please state the dose r	required and when:
	<i>PTO</i>