

## Permissions

*(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)*

I \_\_\_\_\_  
(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 ...*

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