



HASLEMERE
BORDER Y.A

YOUNG ATHLETES CONSENT FORM

Haslemere Border Athletics Club –
Haslemere Border Young Athletes

Athlete Information

Full Name of Child: _____

Date of Birth: _____ Age: _____

School Attending: _____

Parent/Guardian Information

Name of Parent/Guardian: _____

Relationship to Child: _____

Email Address: _____

Phone Number (Main): _____

Emergency Contact Name & Number (if different): _____

Medical Information

Please list any medical conditions, allergies, or medications your child takes:



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Photography & Media Consent

Do you give consent for your child to be photographed or filmed during club activities for use on the club website, social media, or local press?

Yes No

Travel & Emergency Consent

In the event of an emergency, do you give consent for the club to act in loco parentis and seek necessary medical treatment for your child?

Yes No

Code of Conduct Agreement

I confirm that I have read and understood the club's Code of Conduct, and that my child agrees to follow the rules and behave respectfully during all club activities.

Parent/Guardian Declaration

I confirm that the information provided above is accurate and I agree to notify the club of any changes. I understand that it is my responsibility to ensure my child is dropped off and collected on time from all sessions.

Signature of Parent/Guardian: _____ Date: _____

Signature of Junior Athlete: _____ Date: _____