



Consent Form

Terms and Conditions of registration. I agree;

To my child participating in Park Sport 2011 activities and understand that these activities are supervised by qualified staff during the session, but participants are free to come and go as they please.

To my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.

Activities undertaken maybe photographed, filmed or otherwise recorded with the intention that the materials are used to promote Park Sport and its partners.

That any form of abuse or threatening behaviour may result in the participant being excluded from the activities.

To my information being recorded and accessible to selected Park Sport staff

Signed

Participants name;

Participants date birth;

Parent/guardian name;

Parent/guardian signature;

Please return to;

*Sport & Active Lifestyles Team,
Civic Offices,
Leigh Road,
Eastleigh,
SO50 9YN*