

WBSA Child Registration & Medical Consent Form

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

Child: Under 18 years old.

Personal Information – Child (to be completed by Parent/Carer)				
Name:				
Address:				
Date of Birth:				
Email:				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
What is your first language or preferred type of communication?				
Are there specific things we need to bear in mind to support you?				
Are there any activities in which you cannot participate?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>		

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Emergency contact information			
Name of adult to contact in an emergency:		Relationship to child:	
Contact number(s) of adult:			

Medical information		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler, epi pen)		
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Do they have any allergies?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Are there any dietary requirements (including vegan / vegetarian)?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>

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Declaration of Consent & Compliance

I give my consent that if an emergency medical situation arises, WBSA 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 understand that in such circumstances all reasonable steps will be taken.

Signature Of Consenting Parent:	
Print name:	
Today's date:	
Personal Information – Parent/Carer	
Name:	
Contact number(s):	
Email:	



Andy Rogers
WBSA Chairman



Anthony Krysa
WBSA Safeguarding Officer

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