

TRIP AND ACTIVITY CONSENT FORM

I do/do not (please delete as appropriate) give permission for my child: (child's full name) to attend the following trip/activity: _____ Signed Date Name Relationship to child Contact Work Numbers: Mobile: Home: Address: **Email Address** Further emergency contact details, if different from above: Name Relationship to child Contact Work Numbers: Mobile: Home: Address: Email Address Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Please return this form to the office at the club.