Great Britain Floorball and Unihockey Association –Youth

All tournaments involving junior members are run under the guidance of coaches qualified to the minimum level 1 floorball coaching certificate.

Please complete the following, sign and return to Info@gbfua.org.uk **by: 3**0th Sept 2011

Name of Child …… Date of Birth …….……

Parent / Guardian …….....

Address: ……...……
……...…….....… Postcode ……

Tel (day): ……..... Tel (evening): …….....……
Mobile: …….. e-mail: …….....

Family Doctor …… Doctor's Tel No …….....
Does your child suffer from any medical conditions/allergies that the GBFUA-Youth should be aware of (including any current medication**) .....
……...……..……
…...……..……..……..
Please provide details of medication that must be administered: …….
……..
……..……..……..……

Emergency contact details: (If different from above)
Name: …… Telephone no: ……..……
Relationship to child: …….....

CONSENT (please read carefully)

a) I agree to my son / daughter taking part in the activities of the GBFUA-Youth
b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
c) I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle driven by GBFUA-Youth members or any other parent attending, to any event in which the club is participating.
d) I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.
e) I consent to photographs, DVD taken with authorised photographer at events and used in promotion of the GBFUA-youth.

Signed …….....… (Parent/ Guardian) Date: ……

** Please contact info@gbfua.org.uk if you would like to address your child concerns privately.