



**Name of Child:**

**Club:**

**BG Number:**

**Emergency Contact (during training session and competition)**

**Name:**

**Number:**

**Name:**

**Number:**

**Medical Conditions/Allergies:**

I give consent for my child to have their photo taken?                      Yes / No

I give consent for my child's name to be uploaded to the WMTTC facebook page?                      Yes / No

I give consent for my child's photo to be uploaded to the WMTTC facebook page?                      Yes / No

I give consent for my child's name and photo to appear in the WMTTC newsletter?                      Yes / No

**Signed:**

**Date:**

**Print name:**