



**EGERTON PARK INDOOR BOWLS CLUB LTD.**  
**EGERTON ROAD BEXHILL-ON-SEA TN39 3HL**  
**Telephone: Bexhill 01424 733354**



# **YOUTH SECTION**

## **CONSENT FORM**

**ALL APPLICANTS MUST BE BETWEEN 8 AND 18 YEARS OF AGE.**

**PLEASE READ BELOW CAREFULLY**

**THE PERSON NAMED HEREAFTER AND HIS OR HER PARENT OR LEGAL GUARDIAN, MUST FILL IN A YOUTH MEMBERSHIP CONSENT FORM IF WISHING TO BOWL. THIS FORM IS REQUIRED IN ORDER FOR THE APPLICANT TO BE ALLOWED TO START BOWLING.**

**IN ORDER TO COMPLY WITH CHILD PROTECTION LAWS, NO YOUTH SECTION PLAYER AT THE CLUB MAY REPRESENT EGERTON PARK I.B.C. IN ANY BOWLING EVENTS OR IN ANY OTHER CAPACITY IN ANY WAY SHAPE OR FORM WITHOUT THE PRIOR APPROVAL OF THE YOUTH SECTION LEADER AND THE CLUB'S CENTRE MANAGER.**

**( THE CENTRE MANAGER ACTING AS AN AGENT FOR THE BOARD OF DIRECTORS )**

**FORENAME** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**HOUSE NUMBER** \_\_\_\_\_

**HOME TELEPHONE** \_\_\_\_\_

**ROAD** \_\_\_\_\_

**WORK TELEPHONE** \_\_\_\_\_

**TOWN** \_\_\_\_\_

**MOBILE CONTACT** \_\_\_\_\_

**POST CODE** \_\_\_\_\_

**IN THE INTEREST OF YOUR CHILD IT WOULD BE HELPFUL TO KNOW WHETHER HE OR SHE SUFFERS FROM ANY ILLNESS OR MEDICAL CONDITION. PLEASE USE THIS SPACE TO STATE, IN CONFIDENCE, ANY HEALTH OR OTHER ISSUES CONCERNING YOUR CHILD OF WHICH ACCOMPANYING CLUB OFFICIALS SHOULD BE AWARE. PLEASE ALSO INDICATE ANY PRESCRIBED MEDICATION, ALLERGIES, ETC.**

**PRESCRIBED MEDICATION** \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**I CONSENT TO MY CHILD TAKING PART IN THE YOUTH SECTION BOWLING ON ITS PREMISES.  
 I ACKNOWLEDGE THAT THE CLUB WILL TAKE ALL REASONABLE STEPS IN THE EXERCISE OF THEIR DUTY OF  
 CARE TO SAFEGUARD HIM OR HER FROM ACCIDENT OR OTHER HARM.**

**I UNDERSTAND THAT IN THE EVENT OF AN ACCIDENT OR OTHER EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT ME.  
 IF UNABLE TO MAKE CONTACT I CONSENT TO MY CHILD RECEIVING ANY MEDICAL TREATMENT, WHICH, IN THE OPINION OF A  
 QUALIFIED MEDICAL PRACTITIONER, MAY BE CONSIDERED NECESSARY.**

**I AM THE PARENT - LEGAL GUARDIAN OF THE CHILD**      **SIGN** \_\_\_\_\_

**NAME** \_\_\_\_\_ **RELATIONSHIP TO CHILD** \_\_\_\_\_

**I AM THE YOUTH NAMED ON THIS APPLICATION AND I CONSENT TO ALL OF THE ABOVE**

**SIGN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NB. IF YOU REQUIRE INFORMATION ON CLUB ACTIVITIES, OR HAVE ANY CONCERNS REGARDING YOUR CHILD'S PARTICIPATION,  
 PLEASE CONTACT THE COMPANY SECRETARY ☎ 01424 733354**