

# ROPLEY LAWN TENNIS CLUB

## MEDICAL INFORMATION & CONSENT

### MEMBERS NAME

(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the clubs responsibility to its membership, **ALL club members** are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorized club officers only.

### NEXT OF KIN

### RELATIONSHIP

### PHONE HOME

### MOBILE

### DOCTORS NAME

**SURGERY** (name and address)

### PHONE

Please detail below (continue overleaf if necessary) any important medical information that we need to be aware of (eg epilepsy, asthma, diabetes, allergies, heart condition, dvt/varicose veins, ongoing conditions) and note the treatment or medication required:

**Declaration:** I consider myself (my son/daughter)\* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)\* for coaches/club members to obtain emergency medical treatment on my behalf.

### SIGNED

### DATE

(RELATIONSHIP)