



HASLEMERE
BORDER Y.A

JUNIOR CONSENT FORM

Haslemere Border Athletics Club –
Haslemere Border Young Athletes
(Junior Section) Training Session

Athlete Information

Full Name of Child: _____

Date of Birth: _____ Age: _____

School Attending: _____

Parent/Guardian Information

Name of Parent/Guardian: _____

Relationship to Child: _____

Email Address: _____

Phone Number (Main): _____

Emergency Contact Name & Number (if different): _____

Medical Information

Please list any medical conditions, allergies, or medications your child takes:



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Photography & Media Consent

Do you give consent for your child to be photographed or filmed during club activities for use on the club website, social media, or local press?

☐ Yes ☐ No

Travel & Emergency Consent

In the event of an emergency, do you give consent for the club to act in loco parentis and seek necessary medical treatment for your child?

☐ Yes ☐ No

Code of Conduct Agreement

I confirm that I have read and understood the club's Code of Conduct, and that my child agrees to follow the rules and behave respectfully during all club activities.

Parent/Guardian Declaration

I confirm that the information provided above is accurate and I agree to notify the club of any changes. I understand that it is my responsibility to ensure my child is dropped off and collected on time from all sessions.

Signature of Parent/Guardian: _____ Date: _____

Signature of Junior Athlete: _____ Date: _____