** SOUTH EAST VOLLEYBALL 2018 - 2019**

*YOUTH AWAY TOURNAMENT / FIXTURE PARTICIPATION FORM*

The youth player must be a member of South East Volleyball and have a completed youth membership form on file with us in order to attend fixtures.

Below is additional consent needed for away fixtures, please complete and return to coaching staff or scan and email to [fredabussey@gmail.com](mailto:fredabussey@gmail.com) Thank you!

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| **Medical Consent:** (delete as appropriate)  I do not give / do give my consent that if an emergency medial situation arises, South East Volleyball may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. |
| **(Additional) Emergency Contacts:**  Parental contacts are assumed to be emergency contacts, if you have additional emergency contact please enter that information here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (number). |
| **Away Match / Travel Consent:** (delete as appropriate)  IF I am unable to attend a match, I do not give / do give my consent for my child (as named below) to travel in a vehicle with a South East Volleyball representative.  The representative will not travel alone with the child as the only passenger, and will have a valid DBS check, valid clean driver’s licence. The car used for transportation will be fully insured and road-ready with a working seat belt available for each passenger. |

*South East Volleyball maintains Equality & Child Safety Policies as per the guidelines of our governing body, Volleyball England. Copies of our policies are available upon request.*

PLAYER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_