

Dream Team Consent Form

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child. I give permission for my child to attend for training and playing sessions.

Child's Full Name:	
Address	
Home Tel No.	
Age	
Date of Birth	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Tel No	1. 2.
If unavailable contact	Name Tel Relationship to child
GP/ Doctor's Name GP / Doctor's Tel No	
Details of any known special dietary requirement / allergies / medical conditions	
Any other special needs, requirements, directions, that would be helpful for the coaches to know about	

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Signature of Parent / Guardian

Print Name

Date

**Please return this form to
the relevant Coach or Manager
of your age group**

DREAM TEAM PHOTO/VIDEO CONSENT FORM

Player Name: _____ Date: _____

_____ Yes, I grant permission for the Dream Team to take photos and/or video for the purpose of promoting the Dream Team program. And I do understand the photos/video will be posted on Dream Team's social media pages and promotional print materials.

Signature of Parent/Guardian: _____

Please contact Dayna Ryan with any questions at 231-883-5747. Thank you.