



Away Trips with Overnight Stays

ACTIVITY CONSENT FORM AND APPROVAL BY PARENT OR LEGAL GUARDIAN

Participant details

First name

Last name

Address

.....

.....

Date of Birth

Age during activity

has approval to participate in

..... from to

AGREEMENT

I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release West London Handball Club, the activity coordinators, and all volunteers, related parties, or other organisations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for to be taken to an appropriate medical facility.

Parent/guardian name (printed)

Parent/guardian signature

Date

Telephone number

E-mail