



# BAHA U13 HOCKEY 2025

## MEDICAL INFORMATION & CONSENT FORM



This form is to be signed by a parent or person with legal responsibility for the participating child. It represents authorisation for the named child to attend training/assessment sessions and, if selected, to play for the BAHA squad in matches and tournaments. BAHA is run by South Leicester Youth Hockey (SLYH). The child will be under the care of SLYH during the activities. SLYH is affiliated to England Hockey and holds liability insurance for its activities but you are advised to consider taking out personal accident insurance for your own protection.

|                            |                          |         |
|----------------------------|--------------------------|---------|
| Full Name of Participant   |                          |         |
| Date of Birth (dd/mm/yyyy) | Are You a GK? Yes / No * |         |
| Hockey Club and/or School  |                          |         |
| Full Postal Address        |                          |         |
|                            | Post Code                |         |
| Contact Email Address      |                          |         |
| Telephone Numbers          | Home:                    | Mobile: |
| Name of Emergency Contact  | Relationship:            |         |
| Emergency Contact Numbers  | Home:                    | Mobile: |

Please tick box to consent to addition of mobile number(s) to BAHA WhatsApp group for easier contact

### MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or person with legal responsibility)

In case of emergency and as part of SLYH's responsibility, all players are required to complete this medical information as accurately as possible.

|  |            |
|--|------------|
| Does your child experience any conditions requiring medical treatment and/or medication?<br>If yes, please provide details   | Yes / No * |
| Does your child have any allergies?<br>If yes, please provide details  | Yes / No * |
| Does your child have any specific dietary requirements (relevant if refreshments are provided)?<br>If yes, please provide details  | Yes / No * |
| Please provide any further information you think is relevant   |            |
| I confirm, to the best of my knowledge, that my child does not suffer from any medical condition other than those detailed above and that I will inform SLYH if this changes.                              |            |
| I consent to my child receiving medical treatment where, in the opinion of a medical practitioner, it may be contrary to my child's interest, for any delay to be incurred by seeking my personal consent. |            |
| Please state your relationship to the child:   |            |

*Please delete as appropriate\**

I \_\_\_\_\_ am the parent/person with legal responsibility for the above named player.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_