



**Rathgar Tennis Club**  
Herzog Park, Rathgar, D06 YH48, Dublin 6.  
www.rathgartennis.ie

01- 4902082 | rathgartennis@outlook.com

## **RATHGAR TENNIS CLUB FORM 5 – PARENTAL CONSENT**

I confirm that I \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_.

I hereby consent to the above child participating in the tennis activities of Rathgar Tennis Club in line with the Code of Ethics & Good Practice for Children's Sport. I have provided contact details below and undertake to inform the Hon. Sec. of the club of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child to participate in all tennis activities in the club.

I / We agree to abide by and support the **Rathgar Tennis Club Child Protection Policy\*** and agree to abide by the guidelines as set out in the Policy and in particular to abide by the **Code of Ethics & Good Practice for Children's Sport**.

I confirm that I have read Appendix 9 of the Club's Child Protection Policy and undertake to abide by the obligations which it imposes on me as the parent / legal guardian of the above-named child.

I acknowledge that the Club is not responsible for providing adult supervision for my child except as set out in Appendix 9 of the Club's Child Protection Policy.

Where this form is used the Undertaking must be signed by the member or in the case of a family by both adults (where applicable). Signature 1 is deemed to be the adult signing on behalf of the family members under 18 years. (see note below) In the case of individual juniors (i.e. members under 18 years) the Undertaking should be signed (below) on their behalf by the parent or legal guardian having parental responsibility for the child.

Note: When a Junior reaches the age of 18 they must sign an Undertaking on their own behalf (whether or not they are still family members).

<b>NAME (Please print)</b>	
<b>SIGNATURE</b>	

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**CONTACT DETAILS**

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Parent's Mobile Phone No. \_\_\_\_\_

Emergency Contact No. (1) \_\_\_\_\_

Emergency Contact No. (2) \_\_\_\_\_

**PLEASE INCLUDE ALL MEDICAL DETAILS THAT MIGHT BE RELEVANT IN DEALING IN WITH YOUR CHILD IN A SAFE MANNER, - ALLERGIES, MEDICATION, SPECIAL NEEDS ETC.**

Empty box for medical details.

## **RATHGAR TENNIS CLUB - PHOTOGRAPHIC & VIDEO CONSENT**

I consent  / do not consent  to the below mentioned child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in tennis.

<b>NAME OF CHILD (Please print)</b>	
<b>AGE</b>	
<b>NAME OF PARENT / GUARDIAN</b>	
<b>SIGNATURE</b>	
<b>STATE RELATIONSHIP TO CHILD</b>	
<b>PHONE NUMBER</b>	