

## DartsCoachUK Junior Darts Academy

### Membership / Medical form

STUDENTS NAME	DATE OF BIRTH	AGE	ACADEMY
PARENT/ GUARDIAN NAME			
TELEPHONE NUMBERS (TO BE USED IN CASE OF EMERGENCY)			
PARENT EMAIL		STUDENT EMAIL	
ADDRESS			
POSTCODE			
Student's relevant medical information including ailments, injuries, medication or allergies.			
I DO / DO NOT* agree to my child's PHOTOGRAPH / NAME* being used on the academy website and other media.			
*Please delete as appropriate			

I understand that the venue has public liability insurance. It is the responsibility of students or their parents/guardians to arrange any additional insurance against personal injury.

I hereby confirm that my child is in good health and that I consider him/her capable of taking part in academy activities. I have completed medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.

Signed (Parent or guardian):

Name:

Date:

## Disclaimer

- Whilst every effort has been made to make our Academy a safe and welcoming environment we have to make you aware that injury and accidents can happen.
- As a member of DartsCoachUK we would like to point out that they/we are not liable in any way for any injuries to anyone, this includes spectators.
- It is the responsibility of the parent/guardian to ensure that their child is safely delivered to and collected from the venue. Please inform the coach if anyone other than the parent /guardian is collecting.
- Parents/guardians should make the coach aware of any concerns regarding the health/fitness of their child.
- All academy representatives will take as many precautions as possible to ensure that the welfare of the child is always the first priority.
- The academy does not insure any player against personal injury sustained through playing, training, or travelling to or from such activities.
- All players and parents/supporters are to conduct themselves in a proper manner both on and off the oche. Codes of conduct will be distributed to each student in a separate document.
- The student and the Parent/Guardian named above agree to abide by the rules of behaviour of this Academy. They also agree to support the aims of the club, pay any due subscriptions on time and take care of and return any club kit or equipment on request.
- Any concerns / complaints should be raised in accordance with the Academy director in the first instance.

Signed (Parent or guardian):

Name:

Date:



Official Affiliate

## Parental Permission for Independent Departure

Please tick and sign below if you give permission for your child to leave the academy on their own at the end of each session.

*I give permission for my child \_\_\_\_\_ to leave the academy unsupervised at the end of their session. I understand that once they have left the premises, DartsCoachUK and its coaches are no longer responsible for their safety or supervision.*

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_