



# Appendix 5 to Coaching Regulations

## WANSBECK PADDLE SPORTS CLUB

\_\_\_\_\_ (fill in activity)

I agree that my child \_\_\_\_\_ Date of birth \_\_\_\_\_  
may take part in the above Wansbeck Paddle Sports Club activity and that details of  
their participation can be shared with funders and their image may be used to promote  
the work of Wansbeck Youth and partner agencies.

Address of Young Person

Please fill in and return the attached medical information form.

Please detach and keep the cover sheet so that you have a reminder of time, place and  
date of the activity and can send your child with the appropriate food, drink and  
clothing.

Contact details during the activity:

Phone:

Address

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I give permission to members of staff to agree to any necessary medical treatment for  
my son/daughter (including the taking of anaesthetic) during the course of the visit.

I understand that Wansbeck Paddle Sports Club are not responsible for my child on the  
way to and from the activity.

Signature: \_\_\_\_\_ (parent/guardian)      Date: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Please give us any further relevant information overleaf.