

TAURANGA NETBALL CENTRE



REPRESENTATIVE PLAYER CONSENT FORM

I..... (player) agree and accept the criteria and conditions as set by Tauranga Netball Centre and as listed in the TNC Representative Team Policies and Procedures document and the Player Code of Conduct.

I..... (parent/guardian) agree and accept the criteria and conditions as set by the Management of Tauranga Netball Centre and as listed in the TNC Representative Team Policies and Procedures document. I agree to attend the Parent Workshop on Tuesday May 4th at 6.30pm held at TNC. I agree to have the players name, photo and/or video used on any media outlet at the discretion of TNC.

In the event of injury and illness I (parent/caregiver) hereby authorise the Team Coach or Team Manager to seek medical assistance if required and I agree to meet all costs.

Does your child suffer from any medical conditions or allergies – If so please state.

Allergy/Illness:.....Does your child require medication Yes / No

What type of medication.....Dosage.....

Is your child capable of administering there own medication Yes / No

Does your child get travel sickness: Yes / No

Parent/Guardian Name:..... Signature:.....

Parent/Guardian Phone/Mobile:..... Players Mobile.....

Email Address:..... Date:.....