

Bray Chess Academy: Membership Application Form

General Consent

I/We the parent(s)/guardian(s) of _____ who was born on ____/____/____ hereby register my/our child as a member of Bray Chess Academy and give permission for him/her to participate in all meetings and activities organised and run by Bray Chess Academy from September 2015 to August 2016.

I/We authorise confirm and agree that the Bray Chess Academy or their nominee shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves would be able to do so.

I/We confirm and agree that our child shall be bound by the Bray Chess Academy Code of Conduct, a copy of which has been provided to me/us.

Other Consents/Details

Do you give permission and consent that photographs may be taken for promotional and record purposes during activities which may include your child?

Yes No

Medical Consent

I/We understand that in the event of my/our child requiring medical attention all reasonable efforts will be made to contact me/us (or the Alternative Emergency Contact if I/we are uncontactable) at the contact numbers provided on this form.

In the event of my/our child being taken ill or injured during the period of this consent, I/we hereby consent to any emergency medical, surgical or dental treatment that may be necessary in a situation where I/we cannot be contacted for the purposes of giving consent at the time of treatment. I/We hereby authorize the Bray Chess Academy specified to communicate our consent to any treating medical/dental practitioner.

I/We confirm that the medical details in relation to my/our child are correct.

Medical Details

These are the medical details of my/our child.

If you answer YES to any question, please provide details in the space provided below.

	Yes	No
Has your child any serious illnesses or other medical conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take any regular medications?	<input type="checkbox"/>	<input type="checkbox"/>
Any Medications your child is allergic to, must not be prescribed/given?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child any special dietary requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been fully vaccinated? If not, state which received.	<input type="checkbox"/>	<input type="checkbox"/>
Has your child any medical history of which we should be aware?	<input type="checkbox"/>	<input type="checkbox"/>

Provide Specific Detail Below:

AND PROCEDURES

Family GP Details

Family GP: _____ Address _____
 Name _____
 Telephone _____

The information gathered on this form is necessary for the following purposes:

- To register your child's details with Bray Chess Academy for membership and insurance purposes
- To allow us to communicate with you concerning Bray Chess Academy activities which your child may be engaged in.
- To allow us to provide medical details to medical professionals, should the need arise

Parent(s)/Guardian(s) Contact Details

Names _____
 Phone (Home) _____
 Phone (Work) _____
 Phone (Mobile) _____
 Postal Address _____

 Email _____

Alternative Emergency Contact

Names _____
 Phone (Home) _____

Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness etc.)

Please append a separate sheet if more space is needed.

Signature of Parent(s)/Guardian(s)

Signature(s) _____
 Date _____

The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except adult members of Bray Chess Academy or medical personnel, and only when necessary, without prior permission.