

INFORMATION AND CONSENT FORM



Player Name:	Date of birth:
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Parent/Guardian name:	Relationship to child:
Email address:	
Contact number:	
Do you consent to the team manager/s using this email address to contact you? YES NO	
Do you consent to this contact number being used to add you to the team WhatsApp group? YES NO	
<i>Please be aware this will mean other members of the group will also have your contact information</i>	
Parent Signature:	Date:

Parent/Guardian name:	Relationship to child:
Email address:	
Contact number:	
Do you consent to the team manager/s using this email address to contact you? YES NO	
Do you consent to this contact number being used to add you to the team whatsapp group? YES NO	
<i>Please be aware this will mean other members of the group will also have your contact information</i>	
Parent Signature:	Date:

Please provide at least one emergency contact.	
Emergency contact:	Relationship to child:
Contact number:	
Emergency contact:	Relationship to child:
Contact number:	

Does your child have medical needs, disabilities, learning difficulties or mental health challenges? Coaches, managers and volunteers will be able to provide better support to your child, if we are made aware of any specific needs. <i>Please add any further information on the back of this page</i>

Start of season checklist	
I have completed my child's EIHA registration and paid the fee	
I have completed the MK Storm forms and paid MK Storm registration fee	
I have set up a Standing Order for my child's monthly MK Storm membership fee	
I have attended my child's age group parent meeting. If unable to attend, please ensure you speak to the team manager to get information needed.	
I have access to team app and have notifications turned on. This is how information will be shared with you about the club, team and games.	
I have read the code of conduct and policies for myself and my child and these have been signed and agreed. We fully understand the code of conduct.	