



# RAC SADDLE CLUB CONSENT FORM

PLEASE PRINT CLEARLY

EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone Nos: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address \_\_\_\_\_

In an emergency, if I cannot be contacted, the following person should be called:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

## MEDICAL DETAILS

Any medical conditions we need to know about YES/NO.

(If yes, please speak direct to the office, in confidence)

Doctors Name & Address: \_\_\_\_\_

Doctors Telephone Number: \_\_\_\_\_

Additional Information: (any information given in confidence, of which organisers should be aware – specific dietary requirements, details of any medication etc.)

**DECLARATION:** I have received comprehensive details of this event and consent to my child taking part in the activities indicated. I consent to my child receiving any medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

PLEASE HAND COMPLETED FORM INTO THE OFFICE OR EMAIL TO [OFFICE@RACSADDLECLUB.CO.UK](mailto:OFFICE@RACSADDLECLUB.CO.UK)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Block Capitals: \_\_\_\_\_