

# Clarkston Tennis Club

## Trip Activity Consent Form



I do/do not (please delete as appropriate) give permission for my child:

\_\_\_\_\_ (child's full name)

To attend the following trip/activity: \_\_\_\_\_

Signed		Date:	
Name (please print)			
Relationship to child			
Address			
Contact numbers:	Home		
	Mobile		
	Work		
Email address			

### Further emergency contact details, if different from above:

Name (please print)			
Relationship to child			
Address			
Contact numbers:	Home		
	Mobile		
	Work		
Email address			

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Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

**Please return this form to:**

Name (please print)	
Address or instructions for returning form	

**LTA Child Protection**  
**T: 0208 487 7008/7116**  
**M (24 hour): 07971 141 024**  
**[E: childprotection@lta.org.uk](mailto:childprotection@lta.org.uk)**  
**[www.LTA.org.uk/childprotection](http://www.LTA.org.uk/childprotection)**