

ESSEX COUNTY SHORT MAT ASSOCIATION BOWLING CODES OF PRACTICE



TRAVEL CONSENT FORM

NAME OF CHILD/VULNERABLE ADULT.....

DATE OF BIRTH.....

I CONFIRM THAT I AM LEGALLY RESPONSIBLE FOR THE ABOVE NAMED CHILD/VULNERABLE ADULT AND I HEREBY GIVE MY CONSENT / DO NOT GIVE MY CONSENT FOR MY CHILD/VULNERABLE ADULT TO TRAVEL BY VEHICLE IF REQUIRED FOR THE PURPOSE OF SUPPORTING OR PLAYING FOR ESSEX COUNTY SHORT MAT BOWLS ASSOCIATION

TRAVEL ARRANGEMENTS WILL BE WITH MINIMUM OF TWO ADULTS

PARENT/ GUARDIAN/ CARER: NAME.....

ADDRESS.....

.....

SIGNED..... DATE.....

PRINT NAME.....

EMERGENCY CONTACT DETAILS:

TEL NUMBER..... MOBILE PHONE NUMBER.....

TELEPHONE/MOBILE NUMBERS WILL ONLY BE USED IN CASE OF EMERGENCY