

ESSEX COUNTY SHORT MAT ASSOCIATION BOWLING CODES OF PRACTICE



TRAVEL CONSENT FORM - DRIVERS DETAILS

Drivers Forename _____

Drivers Surname _____

Drivers Address _____

_____ Emergency Number _____

Venue Address _____

Driving Licence Viewed _____ Driving licence Number _____

Insurance Viewed _____ Insurance & Policy No _____

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

PARENT/ GUARDIAN/ CARER: NAME _____

SIGNED PARENT/ GUARDIAN/ CARER: _____ DATE _____