

Bournemouth and District Table Tennis Association

CHILD WELFARE INFORMATION

Confidential personal details of young people travelling to events and training camps which will provide vital medical information and contact details for the adult responsible for the team or players, in case of accident or illness.

NAME:

DATE of BIRTH:

ADDRESS:
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TELEPHONE CONTACT NUMBER: Mobile:

PARENT or GUARDIAN NAME:

ADDRESS (if different from above):
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CLUB:

HEALTH MATTERS:

DOCTOR: TEL:

SURGERY:

DIET MATTERS:
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RELIGIOUS MATTERS:
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