SHU Women’s West District

Under 14 Parental Consent Form

The Parent or Guardian of any player under the age of 14 on 01/09/2019 should complete and return this form to the player’s club.

The club retain the form and send a colour copy to the SHU Women’s West District Registrations within 2 weeks of registration or as soon as possible thereafter (any additional forms after that date should be sent immediately on receipt from the parent).

WWD Registrations: [womenswestdistricthockeysubs@gmail.com](mailto:womenswestdistricthockeysubs@gmail.com)

**PARENTAL SECTION (BLOCK CAPITALS)**

Club:

Player’s name:

Date of Birth:

Address:

Post Code:

I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ playing in the SHU Women’s West District League and Cup competitions for a team of the above named club during the current season.

Signature:

Print Name:

Parent / Guardian (delete as required)

Address:

Post Code:

Contact Telephone Number:

Name of Alternative Contact:

Telephone Number of Alternative Contact:

Date: \_ \_ / \_ \_ / \_ \_

**CLUB SECTION (BLOCK CAPITALS)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Player’s name) is registered as an Under 18 player with the SHU and is therefore covered by the SHU Insurance scheme.

Signature:

Print name:

Position in Club: Date: \_ \_ / \_ \_ / \_ \_