

## TB Ruit player questionnaire

June 2011

In order to provide the best care for your child,  
we have prepared a questionnaire.  
Please fill it out and return it to a coach.

Surname

First name

Does your child have any allergies? (Food, pollen etc.)

yes

no

If yes, which?

Does your child have any illnesses? (Asthma, heart problems etc.)

yes

no

If yes, which?

Is your child disabled?

yes

no

If yes, how?

Does your child have to take medication regularly?

yes

no

If yes, which?

Does your child have any food intolerances?

yes

no

If yes, which?

Telephone availability during training:

Name (Mother/Father)

Telephone number

My child may wait at the training ground/go home on its own  
after training (supervision ends after leaving the changing rooms)

yes

no

During the season pictures (team photos etc.) will be taken.  
Some pictures may be published on our homepage with first names.

By signing this form I give my consent that the coaches take over the legal guardianship  
of my child for the duration of the training/game.

I have instructed my child to follow the coach's instructions  
(no responsibility will be taken for independent actions taken by the child)

No responsibility will be taken for equipment brought from home.

Date / signature