

Junior Player Consent Form

Bowls Club

The Safety and Welfare of any Young Person in our care is paramount.

Therefore, it is essential that we have the Parent's/Guardian's permission for a Young Person to take part in our activities. We MUST ALSO be aware of any Illness, Medical Condition and other Relevant Health Details so that the Young Person's best interests are addressed.

NOTE: The Definition of a Young Person is that he/she is under the Age of 18 at 1st April of the current year.

This Form MUST be signed by the Legal Guardian of the Young Person AND the Young Person his/her self.

Please Note that if you have more than Young Person registered you will need to complete separate forms for each.

Information on this form WILL be treated as Confidential.

Name Of Young Person		Date of Birth	
Address			
Home Phone Number		Mobile Phone Number	

- I confirm that I am Legally Responsible for the above named Young Person and I hereby give my consent for him/her to take part in not Only Club activities, but also those of any Associations to which the Club is Affiliated, whether at its own premises or at an away Club. I also consent to information on this form being shared with other Associations in whose events he/she may play.
- I acknowledge that the Club will take all reasonable steps, in the exercise of its duty of care, to protect him/her from accident or other harm. I understand that, in the event of an Accident or Emergency, every effort will be made to Contact Me. If Contact cannot be made, I give permission for the Club, or the responsible person of any Association to which the Club is affiliated, to give the immediately necessary Authority, on my behalf, for any Medical or Surgical Treatment recommended by competent medical authorities, where it would, in the doctor's medical opinion, be contrary to his/her interests for delay to occur whilst seeking my consent. I accept that the medical authority will be informed of any condition/medication disclosed in the Health Profile overleaf.
- I also recognise that he/she may need to travel to a number of venues in order both to play and support bowls and agree that he/she may travel by car, coach or train with any Club Member.
- I further consent to photographs and videos, with the agreement of the relevant Bowls Official, being taken of my child during matches and competitions. I accept these images may be used in newsletters, on bowls websites and in local and national publications and newspapers. I note that I may ask for images to be removed from websites and that the appropriate bowls authority will endeavour to achieve this within 7 days of my request. Should I or my child become concerned that images may be being used inappropriately I will inform the Club's Welfare Officer. My child, by this signature, confirms his/her agreement to photos/videos being taken of him/her.

Young Person's Signature		Date	
Parent/Guardian's Signature		Date	
Parent/Guardian's Name			
Address			

Health Profile

The information in this profile is confidential and it is the responsibility of the Parent/Guardian to keep the Club's Welfare Officer informed of any changes, who will then update the relevant Association's Welfare Officer, as necessary.

Emergency Contact Details: Tel No: _____ Mobile No: _____

Alternative Contact Details: Name: _____

Tel No: _____ Mobile No: _____

Child's Doctors Name:	
Doctors Surgery Address:	
Telephone Number:	
Does your child experience any conditions requiring medical treatment and/or medication? Yes <input type="checkbox"/> No <input type="checkbox"/> *If YES please give details, including medication, dose and frequency:	
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> *If YES please give details:	
Does your child have any specific dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> *If YES please give details:	
What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?	
The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'. Do you consider your child to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES what is the nature of the disability? Hearing impairment: <input type="checkbox"/> Learning disability: <input type="checkbox"/> Multiple disabilities: <input type="checkbox"/> Physical disability: <input type="checkbox"/> Other: (please specify) :	
Does your child have any communication needs e.g.: Non-English speaker, hearing impairment, sign language user, dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully	