





Incorporating events organised by Northamptonshire Bowls Youth Development Scheme

CONFIDENTIAL SAFEGUARDING YOUNG BOWLERS IN NORTHAMPTONSHIRE

CONSENT FORM TO PLAY BOWLS

Name of Child (please print)
Date of Birth (dd/mm/yyyy)
Name of indoor club Name of outdoor club
I confirm that I am legally responsible for the above named child and I hereby give my consent for my child to take part in any bowling event organised within the County under the auspices of any of the organisations named above or their affiliated clubs.
I acknowledge that club and county officials will take all reasonable steps in the exercise of their duty of care to safeguard him/her from accident or other harm. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to contact, I consent to my child receiving any medical treatment which a qualified medical practitioner may consider necessary. If my child has any medical conditions or illnesses of which officials should be aware I have recorded these in the space below.
I also give/do not give (delete as appropriate) my consent for photographs to be taken by those people authorised to do so by any of the organisations named above or their affiliated clubs and I understand that these may be used for future publicity purposes.
Signed Date
Print name Relationship
Address (including post code)
Tel number Mobile number
Email address Child's mobile number
Health conditions I wish officials to be aware of
IT IS ESSENTIAL THAT ANY CHANGES TO THE INFORMATION PROVIDED ABOVE ARE NOTIFIED TO THE CLUB SAFEGUARDING OFFICER
This form is valid for 12 months and should be completed no later than October 1 st annually.
Signature of Club Safeguarding Officer/Club Secretary Date
Original to be kept by Club Safeguarding Officer/Club Secretary.

Hard copy to be sent to linda.warren24@ntlworld.com

Linda and Tony Warren, County Safeguarding Officers, at 24 Corran Close Northampton NN5 7A