

# Junior Player Consent Form

## .....Bowling Club

The safety and welfare of juniors in our care is paramount, and it is essential that we have parent's/guardian's permission for the child to take part in our activities and that we are aware of any illness, medical condition and other relevant health details so that the child's best interests are addressed.

This form **MUST** be signed by the legal guardian of a young person under the age of 18, together with the young person. Information on this form **WILL** be treated as confidential

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Mobile)) \_\_\_\_\_

I confirm that I am legally responsible for the above named child and I hereby give my consent for my child taking part in Club activities and of those Associations to which the Club is affiliated, whether at its own premises or at an away Club. I consent also to information on this form being shared with other Associations in whose events my child 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 my child's 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 my child 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 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 Welfare/Child Protection Officer. My child by this signature confirms his/her agreement to photos/videos being taken of him/her.

**Child's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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/Child Protection Officer informed of any changes. They will then update the relevant Association's CPO, 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	

