

# Aldridge –Walsall Hockey Club

## Parental Consent Form 2019-2020

Full name of participant			
D.O.B			
Contact number	E.Mail :		
Address			
Name of emergency contact		Relationship	
Emergency Contact number	1 <sup>st</sup> contact no		2 <sup>nd</sup> contact no

### Medical Consent

I am pleased to allow my son/daughter to participate in coaching, games and hockey activities organised by Aldridge-Walsall Hockey Club. I consider my son/daughter to be physically fit and capable of full participation, but in the event that they should be injured when I am not present, I give my permission for the team manager/coach to obtain emergency medical treatment on their behalf.

Does your child have any medical conditions/allergies? YES/NO (if yes please state below)

.....

Does your child need any medication or treatment? YES/NO (if yes please state below)

.....

Signature of Parent/Guardian:

Date:

### General Consent- Please delete where appropriate

I agree/disagree to my son/daughter taking part in the coaching, games and hockey activities organised by Aldridge-Walsall Hockey Club. I understand that my son/daughter will be playing within teams of adults.

I do/do not allow my child to be contacted by an organising member of Aldridge-Walsall Hockey club via phone, text, email, website, and social media regarding hockey activities.

I do/do not give permission to allow my child to share changing facilities with adults

I do/do not allow my child to travel as part of a group in a private car to and from prearranged hockey matches or training sessions

I understand it is my responsibility to know how my child is getting home from participating in hockey activities and for myself to speak to relevant captains/club members to discuss where and what time my child will be playing each week. Also to provide my child with an emergency contact number relevant to the day of activity.

I understand that it is my responsibility to ensure that each child has available appropriate kit including a fitted gum shield (desirable) , shin pads and appropriate sports footwear for playing on an Astro pitch and that it is not the responsibility of the organisers to provide or ensure that such equipment is worn by my child.

I will ensure that I notify the club of any changes in circumstances which will affect my child's participation

Signature of Parent/Guardian:

Date:

P.T.O.

### Photographs and Recorded Images consent

To comply with data protection legislation we need your permission before we can photograph your child/young person for promotional purposes. Please complete this section to tell us if you consent for photographs and recorded images of you and your child/young person to be taken at ANY Aldridge-Walsall hockey club activities.

#### To be completed by parent/legal guardian:

I \_\_\_\_\_ (parent/legal guardian full name) do/do not (please delete as appropriate) consent to Aldridge-Walsall Hockey Club taking photographs or recorded images of \_\_\_\_\_ (name of child/young person) under the stated rules and conditions and I confirm I have parental/legal responsibility for this young person and I am entitled to give this consent. I also confirm there are no restrictions related to taking photographs or recorded images.

Signature:

Date:

#### To be completed by Child/Young Person

I \_\_\_\_\_ (name of young person) do/do not (please delete as appropriate) consent to Aldridge-Walsall Hockey Club taking Photographs or recorded images of my involvement in hockey under the stated rules and conditions

Signature

Date:

\*E.g your child is subject to legal restrictions

G.D.P.R. : completion of this form confirms you are in agreement with the Club holding the above information and only using it in compliance with the regulations of the Act.

Thank you for taking the time to fill in this consent form, if you have any questions in regards to the any of the above or require more information please contact your captains, coaches or club officials.