

SP5 – PARENT/CARER & YOUNG PERSON CONSENT FORM

This form should be completed by the young person and their parent/carer to confirm that they are aware and give consent to participate in a volleyball event, session or activity and provide relevant permissions for communication and the use of photographs and recorded images associated with volleyball.

ORGANISATION SEEKING CONSENT:

Club/Organisation Name:

Lead Person:

Email address:

Daytime Tel No:

Evening Tel No:

EVENT, SESSION OR ACTIVITY DETAILS:

Event, Session or Activity Name:

Venue(s):

Date(s):

The above organisation recognises the need to ensure the safety and welfare of all young people and will act in accordance with the permissions below and in line with the Volleyball England Safeguarding & Protecting Young People Policy.

YOUNG PERSONS DETAILS:

First name (s):

Surname:

Address:

Postcode:

Email address:

Daytime Tel No:

Evening Tel No:

PLEASE CONTINUE ON FOLLOWING PAGES 

MEDICAL INFORMATION:

In case of emergency and as part of the organisations responsibility to young people, ALL individuals are required to complete this medical information as accurately as possible. Details will be held securely with access restricted to authorised individuals only.

Next of Kin:

Relationship:

Contact number:

As far as you are aware, are you allergic to any medication? (Please state):

Are you taking any medication? (Please state):

Do you have any long-term illnesses or injuries? (Please state):

Communication via Phone, Email or Social Media (please select one)

with the young person & the parent/carer copied in

via the parent/carer only

never - in person only

Use of Photographic and Recorded Images (please check all for which you give permission)

for coaching purposes

for club publicity

for national publicity

never

SAFE STORAGE:

To protect the personal information this form contains, it will be stored safely by the Safeguarding Officer in a locked container during the event. The form will only be used in the event of an emergency. The form will then be disposed of within seven days of the event in confidential waste.

PLEASE CONTINUE ON FOLLOWING PAGES 

CONSENT BY PARENT/CARER:

I consider the young person named above to be physically fit and capable of full participation and agree to notify the organisation of any changes to the information provided. Furthermore in the event of an injury I give permission for the organisation to obtain emergency medical treatment.

I give consent for the young person named above to participate in the above-mentioned volleyball event, session or activity and confirm that communication with them and the use of any photographic and recorded images of them may be used under the above-stated rules and conditions.

I have read and agree with the safe storage statement above

I confirm that I have legal responsibility for this young person and am entitled to give this consent.

Signed:

Date:

Print Name:

DECLARATION BY YOUNG PERSON:

I give my consent to participate in the above-mentioned volleyball event, session or activity and understand that I do so at my own risk and agree to abide by the Volleyball England Player Code of Conduct.

I also consent that I may be communicated with, and that any photographic and recorded images of me may be used, under the above stated rules and conditions.

Signed:

Date:

Print Name: