

SP5 - PARENT/CARER & YOUNG PERSON CONSENT FORM *page 1*

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

Club/Organisation Name:

Lead Person:

Email Address:

Daytime phone number:

Evening phone number:

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.

Personal Details

First Name:

Surname:

Address:

Postcode:

Email Address:

Daytime phone number:

Evening phone number:

Medical Information

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

Name of next of kin:

Relationship:

Contact Tel no.

As far as you are aware, are you allergic to any medication? (If so, please state.)

Are you taking any medication? (If so, please state.)

Do you have any long term illnesses or injuries? (If so, please state.)

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Communication: via phone, email or social media *(please circle one)*

With the young person & the parent/carer copied in	Via the parent/carer only	Never – in person only
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Use of photographic & recorded images *(please circle all that you give permission for)*

For coaching purposes	For club publicity	For national publicity	Never
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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 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: