

BROMSGROVE & REDDITCH ATHLETIC CLUB – Parent Consent Form

1. Details of athletic activity:

Coaching and competition in various activities including but not limited to track running, field events, hurdles, race walking, road running and cross country.

I agree to (my child's full name) _____ participating in the activities described and I acknowledge the need for him/her to behave responsibly.

2. Medical information about your child:

a. Are there any conditions requiring medical treatment, including medication? YES/NO. If YES, brief details please:

b. Please outline any special dietary requirements, including allergies, of your child: _____

c. Is your child allergic to any medication? YES/NO. If YES, please specify: _____

d. When did your child last have a tetanus injection? _____

I will inform my child's coach/team manager as soon as possible of any changes in my child's medical or other circumstances between now and the specified end of the activity.

3. Photography and Recorded Images:

Bromsgrove & Redditch Athletic Club (B&RAC) recognises the need to ensure the welfare and safety of all young people in athletics. In accordance with UK Athletics' child protection policy and procedures, we will not permit photographs, video, or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

B&RAC will follow the guidance for the use of photographs, a copy of which is available from the Club/County Welfare Officer or www.ukathletics.net.

B&RAC will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform the B&RAC/County Welfare Officer immediately.

I (name of parent/carer) _____ consent to B&RAC or a photographer appointed by the Club to photograph or video my child's involvement in athletics for the period of their membership for the purposes of publicising and promoting the Club; the sport of athletics; and as a coaching aid.

Signed _____ Date _____

I (name of child) _____ consent to B&RAC or a photographer appointed by the Club to photograph or video my involvement in athletics for the period of my membership for the purposes of publicising and promoting the Club; the sport of athletics; and as a coaching aid.

Signed _____ Date _____

4. Rewards scheme:

B&RAC may implement a pro-active rewards scheme for its junior members. This may involve providing a small prize such as chocolate (subject to dietary requirements and allergies as noted above). Do you wish your child to receive such a reward please? YES/NO.

5. Emergency Contacts

Name of emergency contact _____
Work telephone no _____ Home telephone no _____
Mobile no _____ Email _____

Name of alternative emergency contact _____
Work telephone no _____ Home telephone no _____
Mobile no _____ Email _____

Name of family doctor _____ Telephone no _____

Address _____

6. Declarations:

I agree to my child receiving medication as instructed and any emergency dental, medical, or surgical treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

I understand that, until my child has been entered in the Club register as attending a Club training session or competition, I am responsible for the safety of my child.

Signed (parent/carer) _____ Date _____

Full name of parent/carer (Capitals please) _____

This form must be completed and returned to BR&AC's Team Coach. The form will be kept in a confidential place as outlined in the Club's Data Protection Policy dated 19 April 2018.