



Blackheath & Bromley Harriers AC Contact and consent form

Confidentiality:

Details on this form will be held securely and will only be shared with coaches, team managers or others who need this information in order to meet the specific needs of your child.

Youth Development League Final, [Birmingham 2nd September] Or ECCCJ, [Location/Date.....]

Dear Mr/Mrs.....,

Your daughter has been selected by the Club to compete at the above matche(s). We require the following details and, as he/she is under 18, parental consent as indicated is required in order for us to be able to look after him/her whilst he/she is entrusted to our care.

Name of child/young person:			
Address:			
Date of Birth:	/	/	Place of Birth:
Gender:	Male	/	Female
School/college:			
Name(s) of parent(s) / carer(s):			
Day time Tel No's Parent(s)/carer(s):		Mobile Tel No parent/carers:	
Email addresses parent(s)/carer(s):			

Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child / young person:	
Day time Tel. No. of the alternative adult:		Mobile Tel. No. of the alternative adult:	
Please confirm any activities that your child can not participate in?	Please give details:		
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes/No: If yes please give details:		
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes/No: If yes please give details:		
Any allergies?	Yes/ No: If yes please give details:		
Details of any dietary requirements (vegan/vegetarian):	Yes/ No: If yes please give details:		
Please notify the coach and team manager when any change to above medication occurs.			
Consent information: please tick the boxes below			
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the organisation/club (ie relevant representative of the club) may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps will have first been made to contact the parents/guardians of the child.			
<input type="checkbox"/> I confirm that I have read, or been made aware of, the organisation's policies concerning:			
<input type="checkbox"/> Codes of conduct for parents, coaches, children & young people			
<input type="checkbox"/> Social media policy (see club website – www.bandbhac.org.uk)			

<input type="checkbox"/> Use of Swimming Pool/Sauna (for European Club final only) Do you give consent for your son/daughter to use the Pool/ Sauna at the hotel? (Such use will not be encouraged prior to competition.) YES/NO	
<input type="checkbox"/> I can confirm that my child is aware of the club's code of conduct for athletes <input type="checkbox"/> I give consent for the coach/team manager to contact my child (either via direct message/text/phone) if the need arises. <input type="checkbox"/> I give consent for the coach to take photos / video my child for coaching purposes, at competitions and medal ceremonies only.	
Whilst the team managers and chaperones in charge of the team will take all reasonable care of the athletes, I understand, and have explained to my son/daughter that they will be required to obey the instructions and advice of the team managers and other accompanying adults and will be subject to the Club's Code of Conduct (also enclosed) for young athletes, which my son/daughter and I have both read and understood.	
Print name of child/young person:	
Signature of parent / carer:	
Print name of parent / carer:	
Date:	