



## CONSENT FORM – U18 PLAYERS SPARTANS GIRLS ACADEMY

This form should be completed at the start of every season. If the young person is aged 13 and over they should read the information on this form and complete the form with the support of their parent/carer. The young person and their parent/carer should complete sections G and H, respectively. If the young person is aged under 13 then the form should be completed by their parent/carer and section G does not require to be completed.

All information included in this form will be treated with sensitivity and respect and only shared with those require the information to perform their role. The form will be kept in a secure and confidential manner.

If any information contained within this form changes during the course of the season, please let the **[insert role]** know as soon as possible by contacting them on **[insert contact details]**.

### A. GENERAL INFORMATION

Name:	Date of Birth:
Address:	
Post Code:	Tel No:
Email:	Mob No:

Next of Kin (NOK):	
NOK Address ( <i>if different from the young person's address</i> ):	
Relationship:	Tel No:

### B. MEDICAL INFORMATION

Name of GP:	
Address:	
Post Code:	Tel No:

Please complete the following details. *Please delete as applicable.*

1. Do you have a disability that will affect your ability to take part in football? **Yes / No**

If yes, please give details:

2. Do you have a medical condition that will affect your ability to take part in football? **Yes / No**

If yes, please give details:

3. Do you take any medication? **Yes / No**

If yes, please give details:

4. Do you have any existing injuries? **Yes / No**

If yes, please give details:

5. Do you have any allergies, including allergies to medication? **Yes / No**

If yes, please give details:

6. Is there any other relevant information which you would like us to know? (e.g. access rights, disabilities, special dietary requirements etc)

If yes, please give details:

### **C. SHARING INFORMATION**

Children and young people and their parents/carers *may* have access to a Named person to help them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher – such as a Head Teacher or Pastoral Care teacher – for a school age child.

If you do not have a Named Person, please provide the information of your Pastoral Care teacher or Head Teacher.

Named Person/Teacher:	Tel No:
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### **D. TRANSPORTATION OF CHILDREN AND YOUNG PEOPLE**

For the purpose of football activities, the Club may transport you to and from games, activities or events. The Club will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children and young people.

Full information on the transportation of children and young people can be found in the Club's Child Wellbeing and Protection Policy in the Trips and Travel Away Practice Note.

### **E. PHOTOGRAPHS AND VIDEOS**

You may be photographed or filmed when participating in football. Photographs or videos of you participating as part of the team may be:

- published in Club publications, including on the Club's website;
- used for training purposes;
- broadcast live over the internet by the Club. This is commonly known as 'live streaming'.

All images and videos will be taken and used in line with the Club's Child Wellbeing and Protection Policy, full information of which can be found in the Celebration Practice Note.

### **F. CONTACT INFORMATION**

The Club may contact you via email, text or social networking site with information relating to football activities.

All communication will be done in line with the Club's Child Wellbeing and Protection Policy, full information of which can be found in the Communication and Social Media Practice Note.

### **G. AGREEMENT (to be completed by the young person)**

**\*delete as applicable**

I consent / I do not consent\* to the Club storing the medical information I have completed in Section B (Medical Information) of this form the duration of the season

I consent / I do not consent\* to receiving medical treatment, including anaesthetic, which medical professionals present consider necessary.

I consent / I do not consent\* to the Club sharing information with my Named Person or school, as deemed appropriate, if my wellbeing is, or may be, impacted and it is deemed necessary by the Club Child Wellbeing and Protection Officer to share that information.

I consent / I do not consent\* to being transported by persons representing the Club for the purposes of participating in football activities.

I consent / I do not consent\* to my photograph or image being taken and used by the Club for the purposes set out in section E of this form.

I consent / I do not consent\* to the Club contacting me via email, text or social media to give me information about football activities.

I agree to:

- (i) Inform the Club should any of the information contained in this form change.

Full Name	
Date	

**H. AGREEMENT (to be completed by the young person's parents/carers)**

**\*delete as applicable**

I consent / I do not consent\* to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I consent / I do not consent\* to the Club sharing information with my child's Named Person or school, as deemed appropriate, if the young person's wellbeing is, or may be, impacted and it is deemed necessary by the Club Child Wellbeing and Protection Officer to share that information.

I consent / I do not consent\* to my child being transported by persons representing the Club for the purposes of taking participating in football activities.

I consent / I do not consent\* to my child being photographed or filmed and being used by the Club for the purposes set out in section E of this form.

I consent / I do not consent\* to my child being contacted via email, text or social networking site for the purposes as set out on Section F.

I do / do not\* wish to be copied into these messages.

I confirm that:

- i) *I am aware of the Club's Child Wellbeing and Protection Policy and the Club's Set the Standards: Behaviours, Expectations and Requirements (Code of Conduct)*

I agree to:

- (i) Inform the Club should any of the information contained in this form change.

Parent/carer's name	
Relationship to Young Person	
Date	
Email	