

# Parental Consent Form

## Onside Soccer - Carshalton

Name of child:

Date of Birth:

Address:

Postcode:

Mobile tel. no.

Name(s) of parent(s) or other adult(s) who have parental responsibility for the child. Please include names of adults who will be picking up child/children from training if applicable. Children will only be released to adults named on this form. If your child is aged 11 or older and you are happy for your child to walk home alone after training, please indicate on form below:

Names of Adults authorised to pick child up from training:

Emergency Contact 1 (Name and Mobile Number):

Emergency Contact 2 (Name and Mobile Number):

Please give details of any health problems, medical conditions or allergies affecting your child, details of any medication, including inhalers, that they are taking, or any disabilities they have that may affect activity. Medication must be brought along to each day if required. Failure to do so may result in child being unable to participate in scheduled events for that day.

I give permission for sticking plaster to be used on my child when necessary

YES / NO\*

\* Please delete as appropriate

I give permission for my son/daughter to take part in Onside Soccer training sessions. I hereby give my approval for my child's participation in any and all activities prepared by Onside Soccer during training. I assume all risk and hazards incidental to the conduct of the activities, and release and absolve Onside Soccer and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from training sessions.

In case of injury to said child, I hereby waive all claims against Onside Soccer including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including soccer. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death. I understand that the leaders will take all reasonable care in looking after my child but they cannot necessarily be held responsible for any injury incurred or for any loss or damage to property.

I understand that one child's behaviour must not be allowed to endanger or be a constant distraction to the other children in the group. Abuse, both verbal and/or physical, against a member of Onside Soccer staff or another child will not be tolerated. If at any time a child's behaviour is extremely anti-social then temporary or permanent exclusion may be implemented immediately. In the unlikely event of this happening Onside Soccer will not accept responsibility for any issues caused by the child's exclusion.

I give permission for Onside Soccer to process the personal data given on this form for use in relation to my child attending this event.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature: Parent or other adult with parental responsibility	Date:
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From time to time we may use photographs and/or videos of young people taking part in group activities for publicity purposes, or we may wish to pass on material for use in publicity, publications, promotional/training videos and websites produced by Onside Soccer nationally and internationally. No personal details, such as names, appear with photographs or videos unless we obtain specific parental permission first.

If you are happy for us to use photographs and/or videos of your son/daughter in this way, please sign below.

If you do not wish us to use photographs and/or videos of your son/daughter in this way then please cross through this section.

I consent to photographs/videos of my son/daughter being used within Onside Soccer for the purposes mentioned above. I understand that their name or other personal information will <u>not</u> be used unless my permission is obtained first.	
Signature:	Date:

