

NAME OF CLUB
Child & Young People's Participation Consent Form

This club is fully committed to ensure your young person has a positive experience when participating in NAME OF SPORT. As part of this process we want to take some time to create a culture of safety within the club and an ethos where young people are supportive of each other and tackles bullying behaviour directly.

One important way to protect children and young people is to educate them about keeping safe and encouraging them to talk to someone if they are worried about anything. We hope to provide children and young people with a good understanding of what behaviour is acceptable and what is not in the sport's setting and what they should expect from others involved in sport. We are committed to our duty to care for your child therefore we need you to carefully read and complete this form with your child/young person.

Your child will be supported to participate in this meeting by the NAME OF THE TWO INDIVIDUAL COMPLETING THE EXERCISE WITH THE YOUNG PEOPLE

Section to be completed by child/young person

I confirm that I want to attend the meeting about the club values and anti-bullying behaviour. I understand that the club official is responsible for my safety and welfare during the meeting and agree to co-operate fully with them. I understand that if I do not co-operate with them this may result in a discontinuation of my involvement in this exercise and me having to return home early (parents will be informed).

Signed (child/young person): _____ **Date:** _____

Name:(child/young person): _____

Parents/Carers please complete the information below should you wish your child to attend. *

I am aware that group members will be expected to discuss and give opinions on various topics. These may include bullying and codes of behaviour affecting their participation in the club.

I understand that meetings will take place at the **VENUE**. On the **DATE AND TIME**. I will be advised about collection by a club representative.

I am aware that the contact person for this exercise should I have any further queries is NAME OF OFFICIAL and s/he can be contacted on Phone Number.

I give consent for _____ (full name), date of birth _____ (DOB), to attend the above meeting.

Address: _____

Contact No: _____ **Mobile**
No: _____

Please give details of ANY medical condition of which the organisers have to be aware. Include details of any medication that has to be taken. (This information will be treated as confidential).

I understand that I will be immediately contacted about any matters relating to my children's care or welfare.

I give my consent for any emergency medical treatment. I have discussed this form with the young person concerned, and they know what I have written

Signed (parent/carer): _____ **Date:** _____

Name: (parent/carer): _____

Please give details of any special dietary requirements or food allergies of which we should be aware of for catering purposes:

Please return completed form immediately to club senior coach:

* Parental consent is defined by the children (NI) Order 1995 Article 6 (i)

Natural mother always has parental responsibility.

Natural father gains parental responsibility;

- If married to the mother at the time of birth or subsequently marries her
- Through an agreement witnessed by solicitor or a Parental responsibility Order

Post 15 April 2002 if they jointly register the baby's birth.