

Activity Permission Forms

PART 1 - ATHLETE EMERGENCY CONTACT INFORMATION

Blairgowrie Dolphins ASC values the involvement of your child, and we are committed to ensuring that all children have fun and stay safe whilst participating in swimming and associated activities.

We need you to complete this form at the start of every new membership year (April) or for a specific activity and, to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Athlete Name:		Date of Birth:	
Tel. No:		Email:	
Address:		Postcode:	
School Name:		School Tel. No:	
GP Name:		GP Tel. No:	
GP Address:		GP Postcode:	
Emergency Contact 1			
Name:		Relationship:	
Contact No:		Email:	
Emergency Contact 2			
Name:		Relationship:	
Contact No:		Email:	

PART 2 - ATHLETE GENERAL & MEDICAL INFORMATION

Please complete the following details:

Does your child have a disability or medical condition that will affect their ability to take part in the sporting activity?	No	Yes	If yes, details:
Does your child take any medication?	No	Yes	If yes, details:
Does your child have any existing injuries? (include when injury was sustained, and treatment received)	No	Yes	If yes, details:
Does your child have any allergies, including allergies to medication?	No	Yes	If yes, details:
Is there any other relevant information which you would like us to know about your child? (e.g., access rights, disabilities, etc)	No	Yes	If yes, details:
If your child has any faith, cultural or wellbeing needs that are relevant to this event, please provide details including any additional information here that the leaders may need to know	No	Yes	If yes, details:

MEDICAL TREATMENT CONSENT

I consent / I do not consent (*delete as appropriate*) to my child receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I confirm that my child is in good health, and I consider him / her fit to participate.

Parent / Carer's Signature:	
Print Name:	
Date:	
Relationship to child (if not parent):	

PART 3 - PHOTOGRAPHY, VIDEO & PUBLICATIONS CONSENT FORM
(inc. Club's Website, Facebook Page & Local Press)

Your child may be photographed or filmed when participating as part of the activity.

Do you give permission for photographs to be taken of your child?	No	Yes
Do you give permission for photos of your child to be used in accordance with the club's photography and social media policy?	No	Yes
Do you give permission for videos to be taken of your child?	No	Yes
Do you give permission for videos of your child to be used in accordance with the club's photography and social media policy?	No	Yes
Is your child subject to a court order or care order preventing the publication and sharing of their image?	No	Yes

SIGNATURE

1. I am aware of **Blairgowrie Dolphins ASC's** Code of Conduct, Wellbeing & Protection Policy & Procedures and I've explained them to my child (if required).
2. I undertake to inform **Blairgowrie Dolphins ASC** should any of the information contained in this form change.

Parent/Carer's Signature:	
Print Name:	
Date:	
Relationship to child (if not parent):	



PART 4 – ACTIVITY CONSENT FORM

Athlete Name:		Emergency Contact complete?	No	Yes
Date of Birth:				
Squad:		Medical Consent complete?	No	Yes
Activity:		Location:		
Date of Activity:		Team Manager:		
TM Tel. No:		TM Email:		

TRANSPORT CONSENT

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing **Blairgowrie Dolphins ASC** for the purposes of taking part in aquatics.

I understand **Blairgowrie Dolphins ASC** will ask any person using a private vehicle to transport children (other than their own) to declare that they are properly licensed and insured. In the case of a person who cannot so declare, the club will not permit that individual to transport children (other than their own).

I understand that **Blairgowrie Dolphins ASC** will not be liable for anything that happens to my child prior to arrival or after departure from the activity at dismissal time.

Options for travelling to activity			Details
I will transport my child to activity	No	Yes	
My child will travel with a designated person	No	Yes	
My child will take public transport or travel by foot	No	Yes	
My child will travel with the team on organised transport	No	Yes	
Options for travelling back from activity			Details
I will transport my child back from activity	No	Yes	
My child will travel with a designated person	No	Yes	
My child will take public transport or travel by foot	No	Yes	
My child will travel with the team on organised transport	No	Yes	