

9 to 18's CONSENT FORM 2019/20



Young Person's Name:		Date of birth:	
Address:		Post Code:	
School		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

CONTACT DETAILS (Person/s to contact in an emergency)

You must provide two contacts		Relationship to Child	Contact Number
Parent/legal Guardian:		Mother / Father / Guardian	
Parent or Other:		Mother / Father / Other	

MEDICAL DETAILS

Doctors Name:		Tel:	
Surgery:			
Address :			
Postcode:			
May your child be given medication for pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please give brief details:	
Does your child have any condition requiring medical treatment, including allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please give details:	
Does your child have any disabilities or diagnosed additional needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please describe: (Use additional sheet if required)	
Is your child allergic to any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify:	
Has your child had a tetanus injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which year did they last receive a tetanus injection	

PARENTAL CONSENT

I agree for my child to participate in the activities of the Shadwell Basin Outdoor Activity Centre, including offsite trips. I confirm that my child is 9 years or over and that they can swim.

Yes ☐ No ☐

I agree for photographic and film material of my child taken during activities provided by the SBOAC to be used for the purpose of promotional material only.

Yes ☐ No ☐

I agree to my child receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion and any medication, as considered necessary by the medical authorities present. I will inform SBOAC if there are any changes to my child's medical circumstances.

Yes ☐ No ☐

Parent / Legal Guardian Name:			
Parent / Legal Guardian Signature:		Date:	

Email	By giving a Parent/Guardian email you consent to SBOAC sending information about our activities	
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Leaving the site

I give permission for my child to leave the site at:

Lunchtime: If they wish to leave the site they must be in groups of three and inform the instructor in charge.

Yes ☐ No ☐

End of activity session: My child is allowed to travel home by themselves.
All youth club members must inform the Instructor in charge when they leave.

Yes ☐ No ☐

Parent Signature:		Date:	
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YOUTH MEMBERS CODE OF CONDUCT

Please read through and make sure you understand this before signing below.

We want you to have a good time at the Centre and these basic guidelines are to ensure a safe and enjoyable experience for us all. Please act maturely about these guidelines, as we want to give you the respect you are worthy of. Members who don't follow these guidelines risk losing the opportunities available to members of the Youth Club and parents may be contacted if matters are considered serious.

- Please treat everyone with respect, bullying will not be tolerated.
- Racism and discrimination will not be tolerated.
- Swearing or inappropriate language will not be tolerated.
- Older members are expected to lead by example.
- Members should follow the instructions of staff at all times.
- Please focus on the aims and objectives of the sessions provided.
- Safety is an important part of our activities, please act responsibly.
- Pushing and shoving is not allowed at all.
- You are not allowed to walk off site during session times.
- Please ensure that you treat all equipment with care.
- Graffiti and litter are not welcome anywhere on site. Please clean up after you.

I agree to uphold this Code of Conduct set out for my enjoyment and safety whilst being a member of Shadwell Basin Outdoor Activity Centre. I realise that I have to make lots of effort to participate in all activities and be a productive member of the team. I understand that these are guidelines and that I should follow the leadership of all staff involved in the programme. I accept that not following these guidelines may affect everyone's experience including my own and that my behaviour may affect my participation in future sessions.

Member Signature:		Date:	
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MONITORING INFORMATION

This information will help us to fulfil our monitoring obligations. Please help us by completing this section.

How would you describe your child's ethnic origin, please tick:

1. English		8. Caribbean		15. White & Asian	
2. Scottish		9. African		16. Other dual nationality	
3. Welsh		10. Somalian		17. Other Black background	
4. Irish		11. Chinese		18. Other Asian background	
5. Bangladeshi		12. Vietnamese		19. Any other background	
6. Pakistani		13. White & Black Caribbean			
7. Indian		14. White & Black African			

Data Protection Act 2018

Information provided on this application form will be used only for the purposes of the SBOAC in compliance with the provisions of the Data Protection Act 2018.