

Parental/Guardians Consent Form – Away Trips

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend for training and playing sessions.

Child's Full Name:	
Address	
Home Tel No.	
Age	
Date of Birth	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of friend attending	
Emergency Tel No	1. 2.
If unavailable contact	Name Tel Relationship to child
GP/ Doctor's Name	
GP / Doctor's Tel No	
Details of any known special dietary requirement / allergies / medical conditions	
Any other special needs, requirements, directions, that would be helpful for the coaches to know about	

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by

suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that Basketball Northern Ireland (BNI) have developed a Safeguarding policy and they are committed to ensuring the safety of my child by having:

- **A coaches code of conduct**
- **Clear recruitment policy which includes vetting all coaches & volunteers**
- **A transport policy**
- **A photography policy**
- **An anti-bullying policy**
- **Disciplinary procedures**
- **A designated person for child protection**
- **Guidelines on confidentiality**

BNI is committed to ensuring that any information gathered in relation to our youth teams meets the specific responsibilities as set out in the Data Protection Act 1998.

Basketball Northern Ireland development officer will store the above information on their youth teams data base for a maximum of 12 months before re-registering the player if still associated with the club.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance.

I confirm that I have received the details of the above activity and consent to my child taking part in the visits and activities indicated. I acknowledge that the club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the trip. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent.

I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.



Any contact with contagious or infectious diseases within the last four weeks?

Yes If Yes, give details: _____

No _____

Please provide any special dietary requirements and the type of pain/flu medication that may be given.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Date _____

Signature of Child

Please return this form to the relevant Coach or Manager of your age group



DEFINITIONS

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.