**ESFA Consent form**

|  |
| --- |
| **Confidentiality**: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal information – child / young person** | | | | |
| Name |  | | | |
| Address |  | | | |
| Date of birth |  | | | |
| Gender | Male  🞎 | Female  🞎 | Non-binary  🞎 | Another description (please state)  🞎 |
| Are there any activities in which your child can **not** participate? | | No  🞎 | Yes – please give details  🞎 | |
| Do you need any arrangements put in place to manage any specific requirements for your child’s religious beliefs? | | No  🞎 | Yes – please give details  🞎 | |

|  |  |
| --- | --- |
| **Personal information – parent / carer** | |
| Name |  |
| Contact number(s) |  |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact information** | | | |
| Name of alternative adult to contact in an emergency |  | Relationship to child / young person |  |
| Contact number(s) of alternative adult |  | | |

|  |  |  |
| --- | --- | --- |
| **Medical information** | | |
| Are there any specific medical conditions requiring medical treatment? | No  🞎 | Yes – please give details  🞎 |
| Details of medication required (e.g. pills, inhaler) |  | |
| Are there any other medical conditions or disabilities to be aware of? | No  🞎 | Yes – please give details  🞎 |
| Do they have any allergies? | No  🞎 | Yes – please give details  🞎 |
| Are there any dietary requirements (including vegan / vegetarian)? | No  🞎 | Yes – please give details  🞎 |

|  |  |
| --- | --- |
| **I confirm my registration – child / young person** | |
| Signature | 🗶 |
| Print name |  |
| Today’s date |  |

|  |  |  |
| --- | --- | --- |
| **Declaration of consent – parent / carer** | | |
| Please tick the boxes below and then sign this form. | | |
| 🞎 | I give my consent that if an emergency medical situation arises, the organisation / club may act *in loco parentis* for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken. | |
| 🞎 | I confirm that I have read, or been made aware of, the organisation’s:   * codes of conduct for parents, coaches and children * transport policy * changing-room policy * policies on photography, videoing, texting and use of social media. | |
| 🞎 | I confirm that my child is aware of the **[insert name of your club / organisation]** code of conduct for children and its anti-bullying policy. | |
| 🞎 | I confirm that I am happy for my child is to take part in **[insert name of activity]** activity. | |
| Signature | | 🗶 |
| Print name | |  |
| Today’s date | |  |

**ESFA Photography and filming consent form**

|  |
| --- |
| In accordance with our safeguarding policy, we will not knowingly permit direct photographs, video or other images of young people to be taken without consent\*. If the child is under 16, consent must be obtained from a parent / carer. \*Due to the nature of the sport, young people may be indirectly being in the shot of a photo or video/livestream of an event.  **[*Name or association or organisation*]** will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of child** |  | **Age** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration of consent – parent / carer of child under 16** | | | | |
| Please tick each box (or strike out what you do not consent to), then sign this form. | | | | |
| 🞎 | I give permission for my child’s photograph to be used within the association’s for display purposes. | | | |
| 🞎 | I give permission for my child’s photograph to be used within other printed publications. | | | |
| 🞎 | I give permission for my child’s photograph to be used on the association’s website. | | | |
| 🞎 | I give permission for my child’s photograph to be used on the club’s social media channels. | | | |
| 🞎 | I give permission for video of my child to be used on the association’s website. | | | |
| 🞎 | I give permission for video of my child to be used on the association’s social media channels | | | |
| 🞎 | I give permission for video of my child to be used for training or analysis purposes and that the association may retaining the images indefinitely for future use. | | | |
| 🞎 | I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation. | | | |
| **Signature** | | **🗶** | **Today’s date** |  |
| **Print name** | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration of consent – child aged 16 or over** | | | | |
| Please tick each box (or strike out what you do not consent to), then sign this form. | | | | |
| 🞎 | I give permission for my photograph to be used within the association’s for display purposes. | | | |
| 🞎 | I give permission for my photograph to be used within other printed publications. | | | |
| 🞎 | I give permission for my photograph to be used on the association’s website. | | | |
| 🞎 | I give permission for my photograph to be used on the association’s social media channels. | | | |
| 🞎 | I give permission for video of me to be used on the association’s website. | | | |
| 🞎 | I give permission for video of me to be used on the association’s social media pages. | | | |
| 🞎 | I give permission for video of me to be used for training or analysis purposes and that the association may retaining the images indefinitely for future use. | | | |
| 🞎 | I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation. | | | |
| **Signature** | | **🗶** | **Today’s date** |  |