

This form is to be completed by parent or guardian for all participants Under 18 years old.

* Please delete where applicable.

I am pleased to allow my son/daughter* to participate in The SJB Academy Courses. I consider my son/daughter* to be physically fit and capable of full participation, but in the event that he/she should be injured when I am not present, I give my permission for the team manager/coach to obtain emergency medical and/or dental treatment on his/her behalf.

Emergency Contact

Please give a name, address and telephone number of a person to contact in the case of an emergency.

Child's Full Name _____

Parent's Full Name _____

Relationship to child _____

Telephone _____ Mobile _____

Medical Information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) and note the treatment or medication required.

Family Doctor's Name _____

Address _____

_____ Post Code _____

Telephone _____

Does your son/daughter need any regular medication or treatment? Please state below Yes/No*

Does your son/daughter have a special diet? Please state below Yes/No*

Does your son/daughter have any allergies? Please state below Yes/No*

Is there anything else that we need to know about your son/daughter? Please give details. Yes/No*

When was the last time that your son/daughter was vaccinated against Tetanus? Please give details.

I agree that I will inform the Academy of any changes to these details given above.

Signed: _____ (Parent/Guardian) Date: _____

TRAVELLING BY CAR

There may be times when your son/daughter may need to travel in a car driven by an Academy coach / manager or a child's parent, for example to the local doctor or hospital. Please sign below if you agree to a coach / manager / child's parent driving your son/daughter to and from the destinations listed or similar.

Signed: _____ (Parent/Guardian) Date: _____

CODE OF CONDUCT

The SJB Academy is fully committed to safeguarding and promoting the well being of all its participants. The club believes that it is important that children, coaches, administrators and parents associated with The SJB Academy should, at all times, show respect and understanding for the safety and welfare of others. Therefore, participants are encouraged to be open at all times and to share any concerns or complaints that they may have about any aspect of the club with Steve Batchelor (Chairman).

As a participant of The SJB Academy you are expected to abide by the following rules:

- All participants must play within the rules and respect officials and their decisions.
- All participants must respect the rights, dignity and worth of all participants regardless of gender, ability, age, cultural background or religion.
- All participants must respect opponents.
- Participants must wear suitable kit, especially protective equipment eg gum shields and shin guards during the courses.
- Participants are not allowed to smoke on the premises.
- Participants are not allowed to consume alcohol or drugs of any kind on the premises.
- No fighting or bullying, either physical or mental, will be permitted.
- No stealing will be permitted.

Signature of Parent: _____ Date: _____

Signature of Child: _____ Date: _____

PHOTOGRAPHY/FILM FOOTAGE CONSENT

Dear Parent/Guardian & Young Person,

The SJB Academy recognises the need to ensure the welfare and safety of all young people in sport.

We may sometimes take photographs or video footage for publicity purposes. These images may appear in our printed publications, on our website, or both. We may also send them to the news media.

As part of our commitment to ensure the safety of young people we will not permit photographs, video or other images of young people to be taken or used without the consent of the parents/carers and the young person.

The SJB Academy will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Academy immediately.

The following should be completed by the parent/carer and, where sensible, the young person.

I _____ (insert parent/carer full name)
consent to The SJB Academy photographing or videoing

_____ (name of child/young person)
under the stated rules and conditions and I confirm that I am legally entitled to give this consent.

I also confirm that _____ (name of young child/young person)
is not under a court order.

Signature of Parent: _____ Date: _____

I _____ (name of child/young person)
consent to The SJB Academy photographing or videoing my involvement in sport under the stated rules and conditions.

Signature of Child: _____ Date: _____