



CHILDREN'S CONSENT FORM



THIS MUST BE COMPLETED BY THE CHILDS PARENT OR GAURDIAN

Child's Name: _____ Child's Age: _____ Date of Birth: _____
 Gender: Male/ Female _____ Parents/Guardians Name: _____
 Address: _____
 Town: _____ Postcode: _____
 Home Telephone: _____ Mobile: _____
 Email: _____
 Emergency Contacts (this must be a landline; a mobile can be given as a supplementary number):
 Name if different to above: _____ Relationship to child _____
 Phone 1 _____ Phone 2 _____

Medical information including details of disabilities/allergies/dietary needs and current medical treatment including medication (if not completed on the enrolment form or PARQ):

Doctor's Name: _____ Address: _____
 Doctors Telephone Number: _____

Parent/Guardian Consent

Medical Consent My child is in good health and I consider him/her capable of taking part in the programme. I have completed the medical details and consent that in the event of any illness/ accident that any necessary treatment can be administered to my child, which may include anaesthetics. In all cases, the coaches will always make every reasonable effort to contact parents in an emergency. Undertaking it is understood that Boldon Lawn Tennis Club (BLTC) and Sporty People (SP) cannot be liable for any personal loss or injury which the above named applicant may sustain whilst attending courses. It is also understood that it is the parent/guardians and young person over the age of 16's responsibility to inform BLTC & SP of any medical condition that could effect a child's participation in any activity.

Please tick to consent.

Data Protection

All data collected by BLTC & SP is collected under the data protection act and is for the use of BLTC & SP. Data will be from time to time shared with our funders for auditing purposes. If you want to know more about this, please ask our staff or request a copy of our Data Protection Policy. At no time will your personal information be passed to outside organisations for marketing or sales purposes. Medical data will not be stored or shared by BLTC & SP.

Please tick if we may NOT keep this Information on our database.

Video/Photography Consent

I give consent for my child/my children's photography/video recording to be taken and used by BLTC & SP for public documents and publications including their websites.

Please tick if photographs are NOT permitted.

Parents/Guardian's are unable to take group pictures during BLTC & SP Courses.

I, the parent/guardian of the aforementioned child, acknowledge the complete information on this form to be true and accurate. To the best knowledge I have given all relevant information regarding to my child's health and ability to participate safely in this activity for children and marked clearly the areas where I give my consent.

Name of Parent/Gardian: _____ Date: _____

Signature: _____

Please turn over the page and fill in the PARQ + Disability/Ethnicity questionnaire

PARQ

Filling in this form will not only help us to serve your child better, but also ensure we can get funding to provide sports and health related programmes at a reasonable cost (sometimes free)

Standard (please circle) >>	Beginner		Intermediate		Advanced					
Why I Play (eg: Squad) (Enter activity below) 1. 2.	Not important ← → very important									
	Tick relevant box									
	1	2	3	4	5	6	7	8	9	10
Enjoyment										
Mastering new skills										
Keeping fit										
Improve technique										
To rally										
Play points										
To lose weight										
Rising to a challenge										
Feeling good about myself										
Competition										
	1	2	3	4	5	6	7	8	9	10
Pleasing parents										
Pleasing coaches										
Winning something										
Achieve a dream										
Making new friends										
Being with existing friends										
Other (please state)	1	2	3	4	5	6	7	8	9	10
How often do you play? (circle answer>>)	Once/week		More than once a week		Once/month		More than once a month			
How often would you like to play? (circle answer>>)	Once/week		More than once a week		Once/month		More than once a month			
Disabilities –										
please tick appropriate boxes	I would describe my ethnic origin as:									
None	(please tick box)									
Visual	Asian British Bangladeshi			Black British			White British			
Hearing	Asian British Indian			Black African			White European			
Disability/Mobility	Asian British Pakistani			Black Caribbean			White Irish			
Other physical disability	Bangladeshi			Other Black			White Non Europ			
Other medical conditions	Pakistani			Other			Other White			
Emotional behavioural	Indian			Mixed White and Asian						
Mental ill health	Chinese			Mixed White and Black African						
Temporary disability from illness	Other Asian			Mixed White and Black Caribbean						
Profound complex disability	Prefer not to say			Other Mixed Background						
Multiple disability										
Other (please state):										

If you have any questions, please contact Carlos Caldeira at Sporty People via post, email, or by phone.
 email: coaching@boldontennis.org Telephone: 07966 370527 www.sportypeople.org