



CONSENT FORM

For junior athletes attending junior coached training sessions

To be completed by parents/guardians/carers in black ink. Please sign, date and return with to:
Junior running section, Bideford Amateur Athletic Club, The Pill, Kingsley Road, Bideford EX39 2PF

juniors@bidefordaac.co.uk • www.bidefordaac.co.uk • www.facebook.com/groups/bidefordaacfamily

CHILD'S DETAILS

First name		Address	
Last name			
Date of Birth			
Tel no		Post Code	
Email			

Details of any medical conditions, allergies or medication being taken (by giving us this information you consent to it being used for your child's safety, for example at training/coaching sessions or club events)

--

Any other relevant information

--

Doctor		Address	
Tel no			

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS (tick as applicable)	Yes	No
I understand that, whilst Bideford Amateur Athletic Club may take every precaution to ensure that accidents do not happen, they can not necessarily be held responsible for any loss, damage or injury suffered by a child		
My child is in good health and I consider him/her capable of taking part in athletics		
I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics, which are necessary in the opinion of a medically qualified practitioner		
I give permission for a Coach to accompany my child whilst travelling to hospital by ambulance or car		
Does your child use an inhaler? If yes, I give permission for my child to carry and self-administer their inhaler while training and taking part in competitions		
I give permission for my child to travel in the club mini bus with an agreed adult/helper		
I consent to photographs and video footage of my child to be used for promoting and reporting on club activity via newsletter, press releases, website and social media.		
I consent to my child's name being used for promoting and reporting on club activity via: newsletters, press releases, website and social media including publishing of race and competition results		
Unless notified of illness or injury, after 5 weeks of consecutive absence your child's training place will be re-allocated to the next child on the waiting list		

EMERGENCY CONTACTS (please provide two contacts)

Name		Relationship	
Landline		Mobile	

Name		Relationship	
Landline		Mobile	

PLEASE READ THE FOLLOWING AND SIGN:

I have read and agree to the supplied Code of Conduct for Responsible Parent/Person with Parental Responsibility.

Signed: **Date:**
(Parent or guardian to sign)

Name: **Relationship:**

I have read and agree to the supplied Code of Conduct for Junior Athletes.

Signed: **Date:**
(Parent or guardian to sign)

Name: **Relationship:**

Bideford Amateur Athletic Club (BAAC) is committed to protecting and respecting your privacy and recognises the need to ensure the welfare and safety of all children/young people in athletics. We use your personal data to administer your membership and provide the membership services you are signing up to when you register with the club. We will never share your details with third parties for marketing purposes. Data, photographs and video footage may be used for promoting and reporting on club activity.

For more information about how we use your personal data, please see our Privacy Policy which is displayed on the club notice board or can be viewed at www.bidefordaac.co.uk/privacy-policy