

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.

1st September 2018 to 1st September 2019

County Welfare Officer- Mark Scott

welfare@bucks-squash.co.uk

Name of child/young person:			
Address:			
Date of Birth:		School Year	
School		England Squash No.	
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Email address parent/carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?		Please give details:	
Medical information:			
Any specific medical conditions requiring medical treatment?		Yes: Please give details:	No:
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?		Yes: Please give details:	No:
Any allergies?		Yes: Please give details:	No:
Details of any dietary requirements (vegan/vegetarian):		Yes: Please give details:	No:

Consent information:	
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the coach/manager/official may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.	
<input type="checkbox"/> This consent form covers participation in county activities. These could include: coaching/training and all types of competitions organized through BSRA, eg County Closed, ICC, Bucks shoot out or other festival events. These events will take place at England Squash Affiliated facilities within the county and other ES affiliated facilities within England.	
<input type="checkbox"/> Photographs, videos and social media will be used on occasion to promote, share information on results, events or for teaching purposes. Names of children and photos will never be used together.	
<input type="checkbox"/> I confirm that I have read, or been made aware of, the BSRA Safeguarding policies and Codes of Conduct which can be found on the county's website. www.bucks-squash.co.uk/resources/ & https://www.bucks-squash.co.uk/juniors/child-welfare/	
<input type="checkbox"/> I confirm that my child has an <u>Activated</u> England Squash membership or Number which provides personal accident cover for squash related accidents.	
<input type="checkbox"/> www.englandsquash.com/membership/players	
<input type="checkbox"/> All Juniors Under the age of 19 are required to wear safety goggles for training and competitions.	
<input type="checkbox"/> By signing this form you agree to uphold BSRA's and England Squash's player and parent code of conduct.	
<input type="checkbox"/> Under the General Data Protection Regulation ('GDPR') there are occasions when Bucks Squash must obtain your explicit consent to use your information, known as 'Personal Data'. Personal Data includes, but is not limited to your name, address, telephone number and email address. Bucks Squash would like to hold and use your information for the purposes of establishing contact in an emergency situation or for communicating organisational information for events managed and run by Bucks Squash .	
<input type="checkbox"/> [] Tick this box to show that you have understood that you are providing consent to be contacted in an emergency situation or for communicating organisational information for events managed and run by Bucks Squash .	
Signature of child/young person :	
Print name child/young person:	
Date:	
Signature of parent / carer:	
Print name parent / carer:	
Date:	