



# SUSSEX COUNTY INDOOR BOWLS ASSOCIATION

## Under 18 Junior Athlete - Consent Form

**Covering period 1<sup>st</sup> January – 31<sup>st</sup> December, 2018**

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed. Please complete this form with our assurance the information will be treated as confidential. It is the responsibility of the junior and their parent to notify the Secretary of the Sussex County Indoor Bowls Association if any of the details change.

Name:	
Date of Birth:	
Address:	
Telephone Number:	
Parents Name:	
Address (if different to above)	
Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	
<b>Emergency Contacts</b>	
<b>Contact 1 – Name:</b>	
Relationship to Child:	
Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	
<b>Contact 2 – Name:</b>	
Relationship to Child:	
Home Telephone Number:	
Mobile Telephone Number:	
Work Telephone Number:	
Child's Doctor's Name:	
Doctors Surgery Address:	

Doctor's Surgery Telephone Number:	
<p><b>Does your child have any allergies?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>*If YES please give details:</b></p>	
<p><b>Does your child have any specific dietary requirements?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>*If YES please give details:</b></p>	
<p><b>What is your child's religion?</b></p> <p>Answer:</p> <p><b>Does your child's religious beliefs direct or constrain specific medical treatment being provided in the absence of a parent/guardian/carer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Please provide a brief explanation:</b></p>	
<p><b>What additional needs, if any, does your child have (e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks, etc?)</b></p>	
<p><b>Do you have knowledge of any previous condition or injury that might prevent your child from playing indoor bowls and aggravate their physical fitness or general state of health?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.</p> <p>Do you consider your child to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES what is the nature of the disability?.....</p> <p>Hearing impairment: <input type="checkbox"/>      Learning disability: <input type="checkbox"/>      Multiple disabilities: <input type="checkbox"/>          Physical disability: <input type="checkbox"/>      Other: (please specify) :</p>	

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to immediately notify the Sussex County Indoor BA Secretary of any changes to the information I have provided. Contact details may be found at: [www.sciba.net](http://www.sciba.net)
- I, \_\_\_\_\_, being parent/guardian of the above named child, **and strictly subject to the religious limitations detailed above**, hereby give permission for the responsible supervisory bowls person to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the Doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- The attached signature will denote that my child has my permission to be on any bowls club's premises. (Please tick the box if agreed)
- I acknowledge that the club is not responsible for providing adult supervision for my child except for formal junior bowls coaching, matches or competition. (Please tick the box if agreed)
- I agree to my child being transported by club representatives to and from indoor bowls venues when he/she/they is/are representing the bowls club. (Please tick the box if you agree)
- \* I agree to my child being transported to and from indoor bowls venues by the parents/guardians of other children attending the same venue.

Signed (Parent/Guardian):.....

Print Name: ..... Date: .....