



SUSSEX COUNTY INDOOR BOWLS ASSOCIATION

SPECIAL CONSENT FORM

Accommodation / Away from Home

Parents / Guardians/ Carers Special Consent Form where travel and overnight (or longer) accommodation under supervision may be required.

I have received details of(Event/Occasion)

taking place on (insert date(s))

and am aware of the arrangements made for the accommodation and safety of my child.

I consent to my child taking part, and acknowledge that the Sussex County Indoor Bowls Association will take all reasonable steps in the exercise of their duty of care to him from accident or other harm.

I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, including transport to hospital.

I give permission for photographs to be taken by the fully authorised photographer nominated by SCIBA and these may be used for Year Book and publicity purposes by this body.

I am the parent / legal guardian of the child.

Signed.....

Name..... Relationship.....

Date.....

Note: If you require further information on these activities, or have any concerns regarding your child's participation, please contact the person named below or The Hon. County Secretary (01903) 248049

(Name, Position in Association, and Telephone number of the relevant person in charge)

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Form D must be attached to a copy of the Athlete's Principal Consent Form A prior to travel