



MEDICAL CONSENT FORM

To be completed by a parent/guardian for participants aged under 18 yrs.

Side 1 of 2

PARENT / GUARDIAN / AUTHORISED CARER

Name _____

Address _____

Postcode _____

Mobile _____ Landline _____

Email _____

Who to contact in an emergency (if different from above)

Name _____ Relationship to child(ren) _____

Landline tel _____ Mobile tel _____

Family Doctor's details

Dr _____ Tel no _____

Surgery address _____

Postcode _____

MEDICAL INFO - if a child needs special care from us, please give extra details on a separate sheet

CHILD: 1

Name _____

Date of Birth ____ / ____ / ____

Medications? [] No [] Yes

Special diet? [] No [] Yes

Allergies/Asthma? [] No [] Yes

Last Tetanus jab? ____ / ____

Anything else? [] No [] Yes

If 'Yes', please attach details

CHILD: 2

Name _____

Date of Birth ____ / ____ / ____

Medications? [] No [] Yes

Special diet? [] No [] Yes

Allergies/Asthma? [] No [] Yes

Last Tetanus jab? ____ / ____

Anything else? [] No [] Yes

If 'Yes', please attach details

CHILD: 3

Name _____

Date of Birth ____ / ____ / ____

Medications? [] No [] Yes

Special diet? [] No [] Yes

Allergies/Asthma? [] No [] Yes

Last Tetanus jab? ____ / ____

Anything else? [] No [] Yes

If 'Yes', please attach details

Please ALSO complete side 2 >>>



PERMISSIONS

We sometimes take photos and videos of our sessions and courses to use in our website, leaflets and other publicity. We hope you won't object to your child(ren) appearing, but you can withhold permission if you wish.

To see current examples of our photography and videos showing children being coached at SJB Academy please go to our website: www.sjbacademy.com

Please discuss this with your child(ren) and tick below to show whether or not **you and they jointly** give permission for us to include them in our photographs and videos.

GIVING OR WITHHOLDING PERMISSION

If you do not complete this section, we will assume you have given your permission. *NB: For children subject to a court order you must tick 'Permission NOT given'.*

1. PHOTOGRAPHS - FOR SJB ACADEMY USE ONLY

In print and online - eg website, leaflets, posters etc

Permission given Permission NOT given

2. VIDEOS - FOR SJB ACADEMY USE ONLY

Online eg our website, and for coach development

Permission given Permission NOT given

3. LOCAL MEDIA USE

Sharing photographs/video footage with local press/media

Permission given Permission NOT given

CODE OF CONDUCT

AGREEMENT

By you completing and signing this form both you and your children:

- a) Agree to comply with the following code of conduct rules
- b) Accept that failure to comply on the day may result in you and or your child(ren) being refused entry to SJB Academy, or sent home without a refund.

CODE OF CONDUCT RULES

At SJB Academy all participants must agree to:

1. Play within the rules of the game and respect the officials and their decisions.
2. Respect the rights, dignity and worth of all participants regardless of their gender, age, ability, physical appearance, cultural background or religion.
3. Respect opponents.
4. Wear suitable kit, especially protective equipment such as gum shields + shin pads during the sessions/courses.
5. Not smoke, take drugs or drink alcohol on the premises.
6. Not engage in any fighting or bullying - physical, mental or emotional.
7. Not vandalise any premises or equipment.
8. Not take away anything that does not belong to them (ie no stealing from us or other participants).

SJB Academy is fully committed to safeguarding and promoting the wellbeing of all its participants. We believe it is important that at all times the children, parents, coaches, managers and administrators associated with SJB Academy and its sessions and courses show respect and understanding for the safety and welfare of themselves and others.

We encourage all SJB Academy participants to share any concerns or complaints about any aspect of conduct with us, so we can address them.

PARENT/ GUARDIAN DECLARATION

I declare that the information I have given on this form is, to the best of my belief, true and complete. I agree to allow my child(ren), named overleaf, to participate in SJB Academy sessions and/or holiday courses and consider them to be physically fit and capable of full participation. In the event of illness or injury when I am not present I give permission for SJB Academy to obtain emergency medical or dental treatment on my child(ren)'s behalf.

I also agree to inform SJB Academy if any of the details or permissions given on this form change in the future.

Signed _____

Dated _____ / _____ / _____

Relationship to Child(ren):

Parent Step-Parent Legal Guardian Other _____