



ACTIVITY PERMISSION FORM

CLUB POLICY DOCUMENT

Part 1 - Athlete Emergency Contact Information

UOAPS values the involvement of your child and we are committed to ensuring that all children have fun and stay safe whilst participating in swimming.

We need you to complete this form at the start of every year or for a specific trip/event and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know:

Athlete Name:		Date of Birth:	
Contact Number:		Squad:	
Address:		Post Code:	
Emergency Contact 1	Name:		Relationship to Athlete:
	Contact Number:		Email:
Emergency Contact 2	Name:		Relationship to Athlete:
	Contact Number:		Email:
Name of School (if appl):		School Contact Number:	
Name of GP:		GP Contact Number:	
Address of GP Practice:		Postcode of Practice:	



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Part 2 - Athlete General & Medical Information

Please complete the following details:

Does your child have a disability or medical condition that will affect their ability to take part in the sporting activity?	No	Yes	If yes, please give details:
Does your child take any medication?	No	Yes	If yes, please give details:
Does your child have any existing injuries (include when injury sustained and treatment received)?	No	Yes	If yes, please give details:
Does your child have any allergies, including allergies to medication?	No	Yes	If yes, please give details:
Is there any other relevant information which you would like us to know about your child? (E.g. access rights, disabilities, etc)	No	Yes	If yes, please give details:
If your child has any faith, cultural or wellbeing needs that are relevant to this event, please provide details including any additional information here that the leaders may need to know	No	Yes	If yes, please give details:

CONSENT – MEDICAL TREATMENT

I consent / I do not consent (delete as appropriate) to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

Parent/Carer's Signature	
Print Name	
Date:	
Relationship to child if not parent:	



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Part 3 - Event/Activity consent form

Athlete Name:		Emergency Contact form completed:	Yes	No
Date of Birth:				
Squad:		Medical Consent form completed:	Yes	No
Event/Activity:		Dates of Event/Activity:		
Location of Event/Activity:		Name of Team Manager or Club lead person:		
Contact number of Team Manager:		Contact email of Team Manager:		

Transport consent

I consent / I do not consent (delete as appropriate) to my child being transported by persons representing **[Club Name]** for the purposes of taking part in aquatics.

I understand **[Club Name]** will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

I understand that **[Club Name]** will not be liable for anything that happens to my child prior to arrival or after departure from the programme at dismissal time.

Options for travelling to Event/Activity			Please provide details (if appl.)
I will be transporting my child to the event	Yes	No	
I have agreed that my child will travel with a designated person	Yes	No	Provide name of designated person:
My child will be taking public transport or travelling by foot	Yes	No	
My child will travel with the team on the organised transport	Yes	No	

Options for travelling back from Event/Activity			Please provide details (if appl.)
I will be transporting my child back from the event	Yes	No	
I have agreed that my child will travel with a designated person	Yes	No	Provide name of designated person:
My child will be taking public transport or travelling by foot	Yes	No	
My child will travel with the team on the organised transport	Yes	No	



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Consent - photographs, videos and publications (including website)

Your child may be photographed or filmed when participating as part of the event/activity

Do you give permission for photographs to be taken of your child?	I consent	I do not consent
Do you give permission for photos of your child to be used in in accordance with the clubs photography and social media policy?	I consent	I do not consent
Do you give permission for videos to be taken of your child?	I consent	I do not consent
Do you give permission for videos of your child to be used in in accordance with the clubs photography and social media policy?	I consent	I do not consent
Is your child subject to a court order or care order preventing the publication and sharing of their image?	Yes	No

Consent - Signature

1. I am aware of **[UOAPS]** Code of Conduct and Wellbeing & Protection Policy and Procedures and have explained them to my child (if required).

2. I undertake to inform **[UOAPS]** should any of the information contained in this form change.

Parent/Carer's Signature	
Print Name	
Date:	
Relationship to child if not parent:	