

Appendix 6



Consent Form

Personal Details		
Name		
Address		
Telephone	Mobile	
Date of Birth		
Parents / Guardians Names		
Additional person to contact in an emergency		
Relationship	Telephone	Mobile
Medical Details		
Any health problems or disabilities e.g. Asthma / Epilepsy / Diabetes etc.		
<p>I give permission for my child to be taken to hospital and treated in my absence if it is necessary and CSP have been unable to contact me immediately.</p> <p>Child's Name.....</p> <p>Parent / Guardian's Name.....</p> <p>Signature of Parent / Guardian.....</p> <p>Signature of Player..... Date.....</p>		
Transportation		
<p>I give permission for my child to be transported to and from, and other events organised by the CSP.</p> <p>Child's Name.....</p> <p>Parent / Guardian's Name.....</p> <p>Signature of Parent /Guardian.....</p> <p>Signature of Player..... Date.....</p>		
<p>Parent / Guardian I have read the attached copy of the code of conduct.</p> <p>Signature.....</p>		

Videoing & Photography

I give / do not give permission to the photographing / videoing and publication of images of my son / daughter in line with the CSP Child Protection Procedures and Best Practice Guidelines.

Images may be published in / on..... (e.g. CPGA newsletter/ Calendar / Website)

Child's Name.....

Parent / Guardian's Name.....

Signature of Parent/Guardian

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Signature of Player.....Date.....

