



# JUNIOR CONSENT AND MEDICAL DECLARATION FORM

This form should be signed and returned to the coach in charge of your session before any activity or trip takes place. It is important that we have up-to-date contact details of parents or carers in case they need to be contacted in case of an emergency.

## Junior's Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male

Female

## Consent, please read carefully:

- I agree to my son/daughter taking part in the activities of the club
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I consent that photographs taken by authorised personnel of my son/daughter at club events may be used for coaching or local publicity.
- I confirm that my son/daughter can swim 50m
- I understand that the club or organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the club or the organisers

## Emergency Contact Details:

Please give the contact details of the person(s) to be contacted in case of an emergency.

### Contact

Name: \_\_\_\_\_

Relationship to junior: \_\_\_\_\_

Mobile/Tel: \_\_\_\_\_

### Alternative Contact

Name: \_\_\_\_\_

Relationship to junior: \_\_\_\_\_

Mobile/Tel: \_\_\_\_\_

## Medical Conditions:

In your child's interest it is important that the coaches should know whether he or she suffers from any illness or medical condition (e.g. asthma, epilepsy, diabetes, etc). Please use the space below to state in confidence any health or other matters concerning your child of which the coaches should be aware. Please also indicate if your child is receiving any medication.

**Please state any medical conditions etc**

Name of Parent/Carer: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

(so we can ensure you are kept informed about club events)



## Sports Equity Monitoring:

Whilst it is not compulsory that this section is completed the following paragraph explains why it is important. Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. FRCC is committed to sports equality, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them.

By monitoring the profile of young people in sports clubs, national governing bodies of sport and Sport England will identify any issues relating to under-representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

## Ethnicity

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin? Choose one section from A to E then tick the appropriate box.

A. White	British <input type="checkbox"/>	Irish <input type="checkbox"/>
	Any other white background (please specify) <input type="checkbox"/> _____	
B. Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>
	White & Asian <input type="checkbox"/>	
	Any other mixed background (please specify) <input type="checkbox"/> _____	
C. Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>	
	Any other Asian background (please specify) <input type="checkbox"/> _____	
D. Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
	Any other Black background (please specify) <input type="checkbox"/> _____	
E. Chinese or other ethnic group	Chinese <input type="checkbox"/>	
	Any other (please specify) <input type="checkbox"/> _____	

## Disability:

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.

Do you consider yourself to have a disability?  Yes  No

If yes, what is the nature of your disability?

- Visual impairment  Multiple disabilities
- Hearing impairment  Other (please specify) \_\_\_\_\_
- Physical disability
- Learning disability