**Rounders England**

**Parental Consent Form**

To be completed for all children and young people taking part in Rounders sessions, training and matches.

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| --- | --- |
| Name of Team |  |
| Child’s First Name   |  |
| Child’s Surname |  |
| Parents/Carer's name(s) |  |
| Home address: |  |
| Postcode:  |  |
| Telephone number: |  |
| Date of Birth(DD / MM / YYYY) |  |
| Gender | Male  Female  Non-binary  Other (please tell us more)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your gender identity the same as the sex you were assigned at birth?   | Yes / No  |
| Ethnic Origin |  |
| Details of activity (dates/times/season/location): |
| **Emergency Contact Information** |
| Emergency contact name: |  |
| Emergency contact number: |  |
| Alternative contact name: |  |
| Alternative contact number: |  |
| My child’s Doctor’s name and contact number:  |  |

**Medical Information**

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| --- |
| Does your child experience any conditions requiring medical treatment and/or medication?Yes/ No\* If yes please provide details: |
| Does your child have any allergies? Yes/ No\* If yes please provide details: |
| Does your child have any specific dietary requirements? Yes/ No\* If yes please provide details: |
| Please provide any further information you feel is necessary: |
| **•** I have received comprehensive details of the above activity and am aware of Rounders England’s Safeguarding Policy**•** I consent to my child taking part in the activities detailed. **•** I agree to be at the drop-off/pick-up point at the agreed time.**•** I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.**•** I consent to my child receiving emergency medical treatment which in the opinion of a qualified medical practitioner may be necessary. |
| Parent/Carer’s signature |  |
| Print name:  |  | Date: |  |
| This form or a copy of **MUST** be taken by the person in charge of the activity |