

Winsford & District A.A. PARENTAL CONSENT FORM 2021/22 Junior Coaching

Child's details

Forename:

Surname:

Date of birth:

Age:

Gender:

Male: ☐Female: ☐Other: ☐

Can the child swim?

Well ☐Beginner ☐No ☐Have they fished before? Yes ☐No ☐

Is the child a Winsford A.A. Junior Member

Yes ☒No ☐

Parent / Carer's name:

Email :-

Home Address:

Tele: Home:

Mobile:

Postcode:

Emergency contact name:

Emergency contact No:

Alternative contact name:

Emergency contact No:

In the event of an accident / incident do you consent to immediate and controlled first aid procedures to be applied?

YES ☐NO ☐

Activity details: Coaching with registered club coach on club waters; Supervised coaching or match fishing on waters visited by the club; Supervised classroom activity organised by Winsford & District A.A.

Medical information1. Does the child experience any conditions requiring medical treatment, medical aid or medication? Yes ☐No ☐

If yes please provide details:

2. Does the child have any allergies? Yes ☐No ☐

If yes please provide details:

3. If the child has any other special requirements we may need to know about, please provide information you feel is necessary.

CONSENT

- I have received details of the activities and I am aware of the Winsford & District A.A. Child Protection Policy and Procedures.
- I consent to the child taking part in the activities detailed. I am aware that the Association will be liable in the event of any accident only if they have failed to take reasonable steps in their Duty of Care for the child during the activities
- I agree to be punctual at coaching session start and that a parent / guardian will be present throughout the whole session.
- Parents / Guardians will be actively encouraged to participate in the fishing activities and the coaching process for the benefit of their child.

We will not permit photographs, video or other images to be taken or used without the consent of parents/carers and the young person. WAA will ensure that any images taken will be used solely for the purpose they are intended, which is the promotion and celebration of its activities. If any images are being used inappropriately you should inform WAA immediately and they will be removed. I consent to WAA photographing the above-named young person YES ☐

NO ☐

Signed

Print name:

Date:

Signature of young person if over 12 years of age: