



PARENTAL CONSENT

To be completed for all young people engaged in angling activities of the Angling Trust and any other activities which may be held at different venues to those of the home Club/Branch/Division.

Child's details

Name of Angling Club/Fishery: **Winsford and District Angling Association - Angling Development Team**

Child's Forenames:

Child's Surname:

Parent/Guardian Names:

Home Address:

Postcode:

Telephone Number:

Date of Birth:

Age:

Sex Male:

Female:

Can the child swim?: Well: Beginner: No:

In the event of an accident/incident, are you happy for immediate and controlled First Aid procedures to be applied?: Yes: No:

Details of activity (Date, Times, Season and Venues):

This form covers all activities organised and run by WDAA's Angling Development Team for the calendar year in which the form is signed

Activities include:

Go Fishing with Winsford & District Angling Association taster sessions

Junior Matches and competitions

Indoor and outdoor coaching sessions, presentations and demonstrations

Please Add email address for primary contact;

Emergency Contact Name:

Emergency Contact Number:

Alternative Emergency Contact Name:

Alternative Emergency Contact Number:

My Child's Doctor's Name:

My Child's Doctor's Contact Number:

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1. Does your child experience any conditions requiring medical treatment and/or medication? Yes: No:

If Yes please provide details:

2. Does your child have any allergies? Yes: No:

If Yes please provide details:

3. Does your child have any specific dietary requirements? Yes: No:

If Yes please provide details:

4. Please provide any further information you feel is necessary:

- a) I have received comprehensive details of the activity overleaf and I am aware of the organisation's and Angling Trust's Child Protection Policy and Procedures.
- b) I consent to my child taking part in the activities detailed. I acknowledge that the organisation will be liable in the event of any accident only if they have failed to take reasonable steps in their Duty of Care for my child during the activities.
- c) I agree to be at the drop off/pick up point at the agreed time.
- d) I confirm to the best of my belief and knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.
- e) I consent to my child receiving medical treatment which if in the opinion of a qualified medical practitioner may be necessary.

Signed:

Print Name:

Date:

This form or a copy of the form MUST be taken by the person in charge.

