



**DARNHILL & HEYWOOD ABC (DHABC) and Self-Development Centre CIC –
PARENTAL CONSENT FORM**

Name of Group/Project	DHABC– Boxing Camp
Staff/Volunteers	Head Coach: Danny Randall and Assistant coaches as required
Details of activities	Boxing and Boxing related activities / Fitness
Date/Time/Venue	For More information Contact: Daniel Randle - 07389 186958 Head Coach Paula Kevlin - 07563 749637 Youth & Community Worker

It is a requirement that before attending this event you fully complete the following application form and medical declaration.

The information will help us to decide what precautions are needed so we can keep the young person safe and make sure they get the most from the event. Any information you provide will be kept confidential in line with data protection guidance.

I acknowledge/agree:

- That he/she is between 7 and 18 years of age
- The need for obedience and responsible behaviour on his/her part throughout the period and the need for him/her to take special note of any safety instructions.
- That care, safety, staffing and insurance measures have been taken to minimise the risk of accidents/injuries.
- That for the activities being provided, once the activity has started, the staff/instructors running the activity will be responsible for him/her.
- That he/she is responsible for his/her own travel to and from the agreed location.
- That he/she is medically fit to participate in the activities outlined.
- Any issues with behaviour/ respect towards staff will result in suspension from the activities until further notice / refusal to follow instructions will render staff not liable for any subsequent accidents/injuries and the Young Person will be asked to leave the activity.

I agree to: _____ (name of young person) taking part in the activities detailed above	
Signed (Parent/Guardian)	

Name of Young Person	
Young person date of birth	

Media Coverage: Throughout the event, photo and/or video footage of the boxing camp may be taken with the intention to use the material including photos, video footage and quotes in different ways, e.g. social media, reports, presentations, videos or websites for publicity, promotion and/or funding applications. At no time will personal information be revealed. Please sign below if you are happy for Darnhill and Heywood ABC and Self-Development Centre CIC to use this material.	
Signed (Parent/Guardian)	
Signed (Young Person)	
Date	
Please note that any images shared online could be accessible to the general public. If you do not wish to appear in any photos or films, please let us know by ticking the box below. I DO NOT want to be included in any photography or filming taking place at this activity.	

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TREATMENT, MEDICATION AND DIET Is the Young Person currently on any medical treatment? Are there any other physical or emotional factors that we should know about the young person (e.g. mobility needs, epilepsy, severe asthma, previous injuries, phobias, disabilities, anxiety or routines etc?) Please give details Do they have any food allergies or dietary requirements? Please give details	YES ☐ NO ☐ if YES please provide details
If any Allergies / Illnesses please confirm whether / provide details of, any medical equipment / medication which the young person will have with them e.g. EpiPen / Inhaler etc	
In the event of any accident or illness I consent to any necessary medical treatment which might include the use of anaesthetics. Name, address and telephone number of person to contact in the case of emergency.	
Tel:	
Secondary contact details if required. Name / Relationship / Tel:	