**PARENTAL CONSENT TO PARTICIPATE IN ARTISTIC ROLLER-SKATING ACTIVITIES**

**Private and confidential**

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 2018.

**All parts of this form must be read and completed by parent/guardian and club official**

**CLUB NAME** – …………………………………………………………………………………………………………………………………

**Part A – CHILD’S DETAILS**

First Name: ..................................... Middle Name/s:………………………………………………………………………..

Family Name: .........................................................................................................................................

Date of Birth: .......................................... Gender: ………………………………………… (Please state)

Parent/Guardian Name: ................................................................................................................................................................

Address: ..................................................................................................................................................

Post Code: ...............................................................................................................................................

Telephone Number: ................................................................................................................................

Parent /Guardian Email Address: ..................................................................................................................................................................

N.B. The Postcode **MUST** be completed

**PART B – MEDICAL INFORMATION ABOUT YOUR CHILD**

ARE THERE ANY MEDICAL CONDITIONS THAT SHOULD BE KNOWN ABOUT FOR YOUR CHILD WHICH MAY AFFECT THEIR PARTICIPATION IN THE SPORT: **Y/N**\* (IF YES PLEASE DETAIL BELOW)

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IS YOUR CHILD PROVIDED WITH ANY SPECIAL MEDICATION OR EQUIPMENT FOR MEDICAL REASONS: **Y/N\*** (IF YES PLEASE DETAIL BELOW)

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IS YOUR CHILD ALLERGIC TO ANY MEDICATION THAT YOU ARE AWARE OF: **Y/N\*** (IF YES PLEASE DETAIL BELOW)

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I CONFIRM THAT THIS INFORMATION HAS BEEN BROUGHT TO THE ATTENTION OF A CLUB OFFICIAL:

NAME OF CLUB OFFICIAL:.........................................................................................................................

SIGNED: ...................................................................................................................................................

Date …………………………………………………………………………………………………………………………………………………..

**PART C – PHOTOGRAPHY & SOCIAL MEDIA CONSENT**

I/WE **DO GIVE /DO NOT GIVE**\* CONSENT FOR PHOTOGRAPHIC /VIDEO IMAGES TO BE TAKEN OF THE ABOVE-NAMED CHILD OR YOUNG PERSON DURING SKATING SESSIONS OR AT SKATING COMPETITIONS.

IF CONSENT IS GIVEN, I UNDERSTAND THAT IMAGES MAY BE USED ON SOCIAL MEDIA FOR BOTH THE ABOVE-NAMED CLUB AND BY GB SKATE ARTISTIC AND A FULL EXPLANATION OF THIS HAS BEEN GIVEN BY THE CLUB OFFICIAL NAMED BELOW –

……………………………………………………………………………………………………………………………………………………………

I/WE UNDERSTAND THAT OTHER CLUBS AFFILIATED TO GB SKATE ARTISTIC MAY USE PHOTOS ON THEIR SOCIAL MEDIA AND AGREE THAT I/ WE RAISE ANY CONCERNS WITH THE SAFEGUARDING LEAD FOR THE ABOVE NAMED CLUB AND FOR THE OTHER AFFILIATED CLUB IF ANY OCCUR:

**IF YOU DO NOT GIVE PERMISSION FOR THE ABOVE, PLEASE ADVISE THE CLUB SAFEGUADING LEAD, SO THAT THIS CAN BE MANAGED AT CLUB/GB SKATE EVENTS BY THE CLUB OFFICIALS**

IF APPLICABLE - I CONFIRM THAT THIS INFORMATION HAS BEEN BROUGHT TO THE ATTENTION OF A CLUB OFFICAL:

 ................................................................................................................................................................

NAME AND ROLE OF CLUB OFFICIAL: .................................................................................................................................................................

SIGNED BY CLUB OFFICIAL: .................................................................................................................................................................

Date: …………………………………………………………………………………………………………………………………………………

**I understand that I can change my consent at any time, by bringing this to the attention of a Club Official and submitted a new updated form with any required changes**

SIGNED BY PARENT /GUARDIAN :………………………………………………………………………………………………………..

Date ……………………………………………………………………………………………………………………………………………………