

**Consent Form**

It is essential that we receive this information prior to your child participating in any Innov8 Sportz C.I.C Project.

**To be completed by parent/legal guardian:**

**Personal details**

Child’s Name:…………………………………………………… Contact Tel no:…………………………………….. (home)

Address::………………………………………….................... Contact Tel no …………………………………….. (mob)

……………………………………………………………................. Child’s D/o/b ………………………. Age:………. Gender: F/M

……………………………………………………………................. **Emergency Contact details**

Postcode:…..………………………………………................ Name: ……………………………………........................................................

E-mail:…………………………………………….................... Tel no(s): …………………………………………………………………………………….

Child’s Medical information: (e.g. asthma, allergies, general health issues,medication/medical requirements)

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**Consent statement**

My child is in good health and I consider him/her capable of taking part in Innov8 Sportz C.I.C projects. I have read and understood Innov8 Sportz C.I.C.’s terms and conditions and agree to be bound by them. I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetic. I also understand that while Innov8 Sportz C.I.C personnel will take precautions to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child. (Please note that your child is not automatically covered for personal accidents, or for loss/damage to personal belongings/ equipment and we recommend you take out suitable insurance.) I understand that Innov8 Sportz C.I.C have a duty to safeguard my child and consent to the sharing of appropriate information with relevant third parties where not doing so would put my child at risk of harm.



**Parents/Guardian Name (BLOCK CAPITALS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photographs/filming/information**

Photography/filming by Innov8 Sportz C.I.C staff and local media may take place for promotion and publicity of this programme and may be used in future publications or online. If you **would like** your child’s photograph/film to be used in any promotions/publications please tick the box.

I **give permission** for my child's photograph to be used

I **give permission** for my child to walk home at the **end of the session.**

I **would like** to receive future information from Innov8 Sportz C.I.C

**Equity policy**

It would be helpful in establishing the development of our equity policy if you would complete this part of the form. All information is confidential.

**Ethnic origin**

Choose one category from A to E and then circle the appropriate box to indicate your cultural background:

**A WHITE D BLACK OR BLACK BRITISH**

British Caribbean

Irish African

Any other white background Any other black background

**B MIXED E CHINESE OR OTHER ETHNIC GP**

White and black Caribbean Chinese

White and black African Any other ethnic group

White and Asian

Any other mixed background

**C ASIAN OR ASIAN BRITISH**

Indian

Pakistani



Bangladeshi

Any other Asian background

**Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with a ‘physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities’.

Do you consider your child to have a disability? Yes No

If yes, what is the nature of their disability…………………………………………………………

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

(You may wish to use one of the following categories: visually impaired, hearing impaired, physical disability, learning disability, multiple disability)

**Please complete the form and return to Innov8 Sportz C.I.C 17 Liddiards Green, Ogbourne St George, Marlborough, Wiltshire SN8 1SP.**