It is necessary to obtain consent for all players age under 18 to take part in the England Touch Association (ETA) 2016 European Touch Championships (ETC16) trials and training squads.

When assessing whether a player under 18 is capable of playing adult touch, those responsible for making the decision will take into account the following:

1. The ultimate consideration must be for the welfare and safety of the player and those with whom the player will be playing.
2. There has and will be clear communication with all those involved in and affected by the decision.
3. The following aspects must been taken into consideration when making the decision:

i. The physical development of the individual and the player’s playing colleagues

ii. The skill level and experience of the individual

iii. The individual’s playing position in the team

iv. The competitive standard of the particular match and playing conditions.

If you wish for your son/daughter to participate, then please read the following information, complete the form, sign to provide Parental Consent and return to the Head Coach for your team.

The England Touch Association is currently working towards ensuring all coaches are fully qualified, receive relevant training for continuous professional development and have been checked and cleared through the Criminal Records Bureau.

Any information provided on this form will be will be kept secure and confidential in accordance with the Data Protection Act 1998. The ETA will use the information provided on this form to administer ETC16 activity and for the purpose of contacting players and parents/guardians regarding other Affiliated Touch activity. In the event of a medical issue or safeguarding concern arising, the ETA may disclose certain information to relevant personnel as required.

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| --- | --- | --- |
| **PERSONAL DETAILS** | | |
| **Name of Participant** | **Name of Parent / Guardian** | **Participants Date of Birth** |
|  |  |  |
| **Address** | | |
|  | | **Postcode** |
| **Tel. No. of Participant** | **Tel. No. of Parent / Guardian** | **Email** |
|  |  |  |
| **EMERGENCY CONTACT DETAILS** | | |
| **Name of Alternative Adult** | **Tel. No. of Alternative Adult** | **Relationship to Participant** |
|  |  |  |
|  | | |
| **CONSENT STATEMENTS** | | |
| **I confirm that I have legal responsibility for the participant named above and that I am entitled to give this consent;** | | |
| Yes / No | | |
| **I confirm to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the ETC16 management of any changes to this information;** | | |
| Yes / No | | |
| **I understand that the ETA accept no responsibility for loss, damage or injury caused by or during attendance on any of the activities except where such loss, damage or injury can be shown to result directly from the negligence of the ETA;** | | |
| Yes / No | | |
| **I consent to my son / daughter travelling by and form of public transport, minibus or motor vehicle driven by a coach or any other player attending, to any event in which the team is participating;** | | |
| Yes / No | | |
|  | | |
| **MEDICAL INFORMATION:**  **Please detail any allergies, medication, dietary needs, injuries** | | |
|  | | |
| **I give my consent that in an emergency situation, the ETA may act in loco parentis, if the need arises for the administration of emergency first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such an occurrence that all reasonable steps will be taken to contact the Parent/Guardian or the Alternative Adult;** | | |
| Yes / No | | |
| **With your permission the ETA may also take photographs/video footage during the trails, training and competition. These images could be used in coaching resources, presented at coaches education course, placed on the England Touch website, or for general ETA publicity purposes;** | | |
| Yes / No | | |
|  | | |
| **I agree to the participant named above taking part in ETC16 activity** | | |
| **Signature of Head Coach** | **Signature of Parent / Guardian** | **DD/MM/YY** |
|  |  |  |