

PLEASE COMPLETE THIS FORM AND RETURN TO THE CLUB WELFARE OFFICER OR VIA YOUR CHILD'S COACH



WELFARE

**CLUB PARTNERSHIP WITH PARENTS/CARERS FORM**

*Airdrie Harriers* values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst taking part in athletics. To help us fulfil our joint responsibilities for keeping children safe, we have adopted Scottish Athletics child wellbeing and protection policy and associated good practice guidelines. These tell you what you can expect from the club and details the information we need from you to help us keep your child safe.

You will be asked to complete this form when your child joins or renews membership of this club. You should advise your child's club as soon as possible if any of the information changes.

All information will be handled securely by the club and will only be shared with those who need to know:

Club Name: <b>AIRDRIE HARRIERS</b>	
Child's Name:	Date of Birth:
Address:	Tel No:
Postcode:	
Emergency Contact Name 1:	Contact Tel No:
Relationship to Child:	Email:
Emergency Contact Name 2:	Contact Tel No:
Relationship to Child:	Email:
Name of School:	Tel No of School:
Name of GP:	Tel No of GP:
Address of GP:	
Postcode:	

**GENERAL & MEDICAL INFORMATION**

Please complete the following details. If none, please state "none".

1. Does your child have a disability/medical condition that will affect their ability to take part in sport? If yes, please give details:

2. Does your child take any medication? If yes, please give details:
  
3. Does your child have any existing injuries (include when injury sustained, and treatment received)? If yes, please give details:
  
4. Does your child have any allergies, including allergies to medication? If yes, please give details:
  
5. Is there any other relevant information which you would like us to know about your child? (e.g. access rights, disabilities, etc)

**A. CONSENT – MEDICAL TREATMENT**

I consent / I do not consent (*delete as appropriate*) to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

**B. CONSENT – TRANSPORTATION OF CHILDREN**

I consent / I do not consent (*delete as appropriate*) to my child being transported by persons representing **Airdrie Harriers** individual members or affiliated clubs for the purposes of taking part in *athletics*.

I understand **Airdrie Harriers** will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

**C. CONSENT - PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

Your child may be photographed or filmed when participating/training in Athletics.

I consent / I do not consent (*delete as appropriate*) for my child to be involved in photographing/filming and for information about my child to be used in accordance with the Safe in Sport – Good Practice Guidelines.

**D. CONSENT – CONTACT INFORMATION**

**Airdrie Harriers** may contact your child from time to time via email, text or social networking site.

I consent / I do not consent (*delete as appropriate*) for my child to be contacted via email, text or social networking site in accordance with the purposes stated in Safe in Sport – Good Practice Guidelines.

I do / do not (*delete as appropriate*) wish to be copied in to these messages. If you do wish to be copied in to these messages please ensure your email details are in the Contact section of this form.

**E. CONSENT – SIGNATURE**

1. I am aware of the Scottish Athletics ‘Good Practice Guidelines’ and agree to work in partnership **Airdrie Harriers** to promote my child’s safe participation in athletics.

2. I am aware of **Scottish Athletics** Codes of Conduct and Child Protection and Wellbeing Policy and Procedures.

3. I undertake to inform **[Name of club]** should any of the information contained in this form change.

Parent/Carer’s Signature: .....

(Please state relationship to child if not parent).....

Print Name: ..... Date: .....

Child’s Signature (If 12 years or older):..... Date: .....