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**Northern Ireland Bowling Association (NIBA)**

**Parental/Guardians Consent Form**

(Information on this form will be held in confidence.)

I give permission for …………………………………………………………………….... to travel and

participate in all activities/Event Name …………………………………………………………………………

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

**Designated Safeguarding Officer:** ………...Fiona Robinson …07811 384584....................................

|  |  |  |
| --- | --- | --- |
| U18 Full Name: |  | |
| Address |  | |
| Home Tel No. |  | Parents Mobile No. |
| Date of Birth |  | Age |
| Additional Emergency contact | Name  Relationship | Mobile number |
| GP/ Doctor’s Name |  | Telephone No. |
| Details of any known special dietary requirement / allergies / medical conditions |  | |
| Any other special needs, requirements, directions, that would be helpful for the team manager to know about |  | |

I will inform the coaches/designated safeguarding children officer of any important changes to my child’s health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above-named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that the Northern Ireland Bowling Association (NIBA) have developed a Safeguarding Children Policy**, **Social Networking Policy and a Code of Conduct.**

The **NIBA**is committed to ensuring that any information gathered in relation to above Junior player meets the specific responsibilities as set out in the Data Protection Act 2018.

I confirm that all details are correct to the best of my knowledge, and I am able to give parental consent for my child to participate in & travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the organised event or games.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately but also if there are any changes in circumstances that are relevant at home that we will inform the **NIBA** (for example illness or injury).

During the time your child will spend with us, photographs and/or video may be taken during **NIBA** related events and may be used in the promotion of the sport. If you are content with this,

please tick the box -

On occasion live-streaming of **NIBA** related events may also be undertaken on social media platforms. If you are agreeable to this,

please tick the box -

**Signature of Parent / Guardian\***……………………………………….

**Print Name** ……………………………............………………………….

**Signature of Child**…………………….………………………………….

**Date** …………………………………………………………………………

**\*** Parental consent is defined by the children (NI) Order 1995 Article 6 (i)

Natural mother always has parental responsibility.

Natural father gains parental responsibility;

* If married to the mother at the time of birth or subsequently marries her
* Through an agreement witnessed by solicitor or a Parental responsibility Order
* Post 15 April 2002 if they jointly register the baby’s birth.