

**Parental Consent Form – Bubble Football**

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| **Personal Details** | |
| Name of child/young person: |  |
| Date of birth: |  |
| Name of parent/carer: |  |
| Address: |  |
| Mobile Tel No of parent/carer: |  |
| Email Address of parent/carer: |  |
| **Emergency contact information:** | |
| Name of an alternative adult who can be contacted in an emergency: |  |
| Relationship to child/young person: |  |
| Mobile Tel No of alternative contact: |  |

**CONSENT (Please read carefully and delete where appropriate):**

**a)** I agree to my son/ daughter to take part in bubble football with the Pickaquoy Centre Trust

**b)** I confirm to the best of my knowledge that my son/ daughter does not suffer from any illness/Injury or medical condition that could be affected during and after the bubble football session.

**c)** I confirm my son/daughter will be wearing the relevant clothing required to take part in the bubble football event.

**d)** I understand and explained to my son/daughter that bubble football is a contact sport and injuries could occur and accept that these risks are acceptable for my son/daughter to take part in the event.

**e)** I understand and confirm that there is certain safety equipment that could be worn and it is my responsibility to provide this equipment to reduce the risk of injury for my son/daughter during and following the event.

**g)** I understand that Bubble football is a contact sport and injuries may occur, I will not hold the Pickaquoy Centre Trust or any other third party liable during such events under ANY circumstances.

**h)** I understand that the Pickaquoy Centre Trust and none of its affiliates accept any responsibility for loss, damage or injury caused during/following attendance of the bubble football event

**i)** I give my consent that if an emergency medical situation arises, the Pickaquoy Centre Trust may act as loco parentis. If the need arises for administration of 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 circumstances that all reasonable steps are made.

**j)** I consent that if play has to stop due to unforeseen circumstances the Pickaquoy Centre Trust reserve the right to end the session at their own discretion without a refund.

**k)** I accept and consent by signing this I waive the right to pursue any legal action against the Pickaquoy Centre Trust during or following the scheduled event.

**l)** I consent and give permission to the Pickaquoy Centre Trust and its third parties to use images and videos taken of the scheduled event for promotional purposes.

**m)** I have read and fully understood this consent form and by signing this document agree for my son/daughter to take part in bubble football upholding the rules outlined in the safety briefing which will be given on the day of the event.

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| **Print name of child/young person:** |  |
| **Signature of child/young person:** |  |
| **SCUBA number:** |  |
| **Date:** |  |
| **Print name or parent/carer:** |  |
| **Signature of parent/carer:** |  |
| **Date:** |  |
| **SCUBA number:** |  |

**PLEASE NOTE:**

You son/daughter must bring both pages of this document fully completed on the day of the event and hand this to the Pickaquoy Centre Trust staff member prior to the event taking place. Without these documents fully signed and completed, your son/daughter will not be able to take part in the event and no refunds shall be given. These documents are for your child’s safety and wellbeing and to protect the Pickaquoy Centre Trust. Thank you for your time and understanding, we look forward to meeting you at the scheduled event.