

Booking and Consent Form for Under 16s

Your / Your Child's Information



COURSE BOOKING

Name of course:	
At the end of the course the child will be:	<input type="checkbox"/> Collected* <input type="checkbox"/> Make their own way home
*If collected please specify name of person collecting	

Watford FC's Community Sports & Education Trust (The Trust) is committed to ensuring we have the appropriate consent in place from individuals that participate in our community programmes. In accordance with the new General Data Protection Regulation (GDPR) we are required to gain the necessary consent and we are committed to ensuring you have real choice and control over your/your child's data.

In order for your child to take part in this activity, we need to collect your/their basic details, including information about their health. We will use this information to help us provide the activity, look after your child during the activity, track your child's progress, to report back to funders, and to contact you when necessary.

All data gathered on this form will be stored securely on the Trust's monitoring and evaluation platform, Substance Views. This data will be used by the Trust to monitor progress, and may be shared with funding or delivery partners (including your child's school) for reporting or safeguarding purposes. For more details about how we handle data, please read our Privacy Statement which can be found at www.watfordfccsetrust.com/policies.

PARTICIPANT'S DETAILS

Name:	Current School:
Date of Birth:	Gender:
Age:	Ethnicity:

PARENT/GUARDIAN/NEXT OF KIN'S DETAILS (Who we should contact during the course)

Name:		
Address:		Postcode:
Home Phone:	Mobile:	Work Phone:
Email:		
Name and contact details of an alternative Emergency Contact during the course if the above individual is non-contactable.		
Name:		Relationship to participant:
Contact Telephone Number (s):		

MEDICAL DETAILS

Does your child suffer from any medical conditions / allergies / learning / physical disabilities that the Trust/ coach should be aware of (including any current medication)? *If none, please state 'none'*

***7-16yr olds with Cerebral Palsy, Deaf or Partially Sighted may fit the criteria to apply for our FA Talent Pathway**

Please provide details of medication that must be administered, including when and how.

Medical Declaration: In the unlikely event of an emergency arising, will you sign below to give the Trust permission to administer first aid before contacting you?

Signature: _____ Print Name: _____ Date: _____

MEDIA CONSENT

Photos and video footage of activities and participants will be taken by the Trust and its associated photographers and film crews during your child's time on the course. These may be shared with funding or delivery partners and used for promotional purposes by publication in promotional literature, educational materials, the media, and the internet. **Do you consent to your child being filmed, recorded, and/or photographed for use by the Trust?**

Yes No

COMMUNICATION

Please tick below to confirm that you are happy to be contacted with information about offers, future courses and the work of the Trust.

- Email
- Post
- Phone
- Text

We would like to share your information with Watford FC, via their marketing company Goodform, in order for them to email you with information regarding relevant material. If you are happy for us to share your details with Watford FC please tick below. Your information will not be passed on to any other third parties.

I agree

By Filling out the details above and signing this form you consent to us using your/your child's personal information in the way described above, and to us sharing your/your child's information with the above mentioned partners where it is relevant to them (for example, if your child undergoes a medical episode whilst in our care), unless otherwise stated on this form.

The Trust is committed, through trained & competent staff, to provide a safe environment. Whilst in our care, all participants will be fully supervised. However, injuries can still occur through no negligence of the coaches. The Trust takes no responsibility for any injuries that occur through participation in any of our activities.

By signing below you are confirming that you have read and understood this statement and that you wish for your child to be accepted onto this course. You are confirming that the above information is correct and that any medical condition which may affect your child's participation on the course has been fully disclosed.

Your name: *(please print)* _____

Relationship to child: *(parent/guardian/other (please specify))* _____

Your signature _____

Date: _____

If you wish to see a copy of the information which we hold on you/your child or withdraw your consent, please contact tamora.burford@watfordfc.com