



Parental Consent

It is necessary to obtain parental consent for all players age under 18 to take part in any England Touch Association (ETA) activity.

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 Team Manager of your team. Copies of this form will be retained by the High Performance Team and the Head of Medical Services.

Safeguarding and welfare of Junior Players – Coaching and Medical

The ETA is currently working towards ensuring all coaches are fully qualified and receive relevant training for continuous professional development. Where coaches do not have a full qualification, they will be supervised by a qualified member of the coaching staff, e.g. the High Performance Director, Technical Director or DBS checked ETA coach with Advanced Coaching (Level 2) qualification. All coaches will be checked and cleared through the Disclosure and Barring Service (DBS).

All medical personnel involved with the ETA are fully qualified and registered Chartered Physiotherapists. They have been checked and cleared through the Disclosure and Barring Service (DBS).

Assessment of Junior Players for Competition

When assessing whether a junior player (under the age of 18) is capable of playing touch within any divisional Touch competition and subsequent games, those responsible for making the decision will be the relevant Head Coach and the Medical Team and 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 be taken into consideration when making the decision:
 - i. The physical development and any injuries/illnesses 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

Data Protection and Confidentiality

Any information provided on this form will be kept secure and confidential in accordance with the Data Protection Act 1998. The ETA will use the information provided on this form for Coaching and Medical administration 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.



Parental Consent

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
MEDICAL INFORMATION		
Tetanus injection details/date:		
or has one been given in the last ten years YES / NO (circle as appropriate).		
Please detail any previous or existing; allergies, medical history, medication, injuries <i>NB: All medications must be clearly labelled and handed into the Head Coach/Team Manager for administering. Only asthma inhalers and Epi-pens may be carried by individuals, which must be carried to matches and not left in the tent.</i>		
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		

Parental Consent



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 Team Manager 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		
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 also consent to my son / daughter being filmed and/or photographed at events by professional third parties engaged and/or vetted by the ETA and event organisers;		
Yes / No		
I have signed below to accept for my son/daughter to represent England Touch and agree to reimburse the ETA any associated costs and expenses reasonably incurred on his/her behalf during, or as a result of the above activities		
Yes / No		
Signature of Head Coach	Signature of Parent / Guardian	DD/MM/YY