

# Young Persons' Safeguarding Policy Needs and Consent Form

**Northern  
Phoenix  
Trials Car  
Club Ltd**



**Type of activity: Sporting Trials Events**

## 1. Must be completed by parent or guardian of the young person

Young person's name:	Date of birth:
Home address:	
	Postcode:
Telephone number:	Email:

## 2. Parent or guardian's details

Name:	
Address:	
	Postcode:
Telephone number:	Email:
Mobile number:	

## 3. Emergency contact details

Name:	
Address:	
	Postcode:
Telephone number:	Email:
Connection to child:	

## 4. Medical details

Child's GP:	
Address:	
	Postcode:
Telephone number:	Email:

## 5. Does your child have a disability that the Club should know about?

Yes  No

If yes, please provide details of the disability including any help which your child may need.


## 6. Does your child suffer from any medical conditions?

Yes  No

If yes, please provide details of the medical condition including any help which your child may need.


## 7. Does your child need any medication?

Yes  No

If yes, please provide details of the medication.


**8. Does your child suffer from any allergies?**

Yes  No

If yes, please provide details of the type of allergy and the medication used to control the allergy.

**9. Is there any other relevant information (eg dietary needs, child's fears, needs related to your child's age, development or circumstances) about your child which you as the parent/guardian would like to share?**

**Declaration**

I declare that my son/daughter is physically and mentally fit to take part in any sporting trials events that he/she participates in. I acknowledge that I understand the nature and type of competition and the potential risk inherent with motorsport and I accept that risk and agree to my son/daughter taking part.

I agree to my son's/daughter's name being kept on a database for contact and Northern Phoenix Trials Car Club (the Club) administration and related purposes.

I agree to my son/daughter being filmed or photographed with the possibility that these photographs/media recordings may be used for publications or marketing publicity.

In the event of an emergency in my absence or incapacity, I consent for any medical treatment that my son/daughter may need prior to my arrival.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Information for parents and guardians**

In the interests of helping to safeguard your son/daughter's welfare and wellbeing, please note the following important information:

- All questions on the medical/diet/needs form must be completed and signed by the parent/guardian before any young person may participate in any Club event.
- Parents/guardians must ensure that any changes to the information given on the form are notified to the Club as soon as practicable.
- Parents/guardians must ensure that they make their own arrangements for young persons going to and leaving the Club's events and that they are accompanied during the Club's activities by an adult known and trusted by them. Please note that the Club is not responsible for young persons outside their event times and they should therefore arrive and depart at the appropriate times.
- The Club cannot take responsibility for any damaged clothing and/or personal items during the activity. Therefore please ensure your son/daughter does not have anything on them that should remain dry and protected.
- Please ensure your son/daughter has sufficient water, food, clothing, sun screen and medication (where appropriate) for the duration of their activity session.

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