

Edinburgh RC Young Person Consent Form 2014

This form should be completed by the parent/guardian of anyone under 18 years of age prior to taking part in an event:

1. Under 18's Details

First Name Surname Date of birth
Gender Female Male Age Home Tel Mobile
Address Postcode

2. Parent Contact Details

Mother:

First Name Surname Tel.
Email

Father:

First Name Surname Tel.
Email

3. Medical and Specific Needs

Please give details of any medical or health conditions that might affect your child's participation, and what support/modifications are needed e.g. diabetic, asthmatic

Please list any medications your child takes on a regular basis

Please give details of any specific needs that we need to be aware of, and what support/modifications are needed

4. Misc

I agree to my child's photo or video footage being taken for publicity purposes

Having read the **ERC Youth Policy**, are you willing to give consent to your child (**if over 13 years of age**) to take part in open age and/or ERC Juniors activities for the duration of this year's membership (tick all approved) ERC Juniors ERC open age

5. Consent

I, being the parent/guardian of have read the **ERC Youth Policy** and the information on this form, and consent to my child taking part in **ERC Juniors** and open age activities as indicated above. I understand that my child participates entirely at his/her own risk. I have considered the nature of such sessions and discussed this with them. I am satisfied that my child is sufficiently responsible and competent to assume full and entire responsibility for their own safety under the supervision given.

Signed by Parent/Guardian Date