



PARENTAL CONSENT

To be completed for all young people engaged in angling activities of the Newton Abbot Fishing Association and any other activities which may be held at different venues to those of the home Club



**BUILDING A POSITIVE
FUTURE FOR ANGLING**

CHILD'S DETAILS

NAME OF CLUB / BRANCH / DIVISION:

CHILD'S FORENAMES:

CHILD'S SURNAME:

PARENT / CARER'S NAMES:

HOME ADDRESS:

POSTCODE:

TELEPHONE NUMBER:

DATE OF BIRTH:

AGE:

SEX MALE FEMALE

CAN THE CHILD SWIM?

WELL BEGINNER NO

IN THE EVENT OF AN INCIDENT/ACCIDENT ARE YOU HAPPY FOR IMMEDIATE AND CONTROLLED FIRST AID PROCEDURES TO BE APPLIED

YES NO

DETAILS OF ACTIVITIES

Newton Abbot Fishing Association

- A. Club Matches in accordance with the published Match Programme.
- B. Junior Coaching Sessions in a classroom or on the river/lake bank as published
- C. Any Junior Match event as promulgated to You/Club Member.
- D. Any Social Activity promulgated to You/Club Member

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

ALTERNATIVE EMERGENCY CONTACT NAME:

ALTERNATIVE EMERGENCY CONTACT NUMBER:

MY CHILD'S DOCTOR

MY CHILD'S DOCTOR CONTACT NUMBER



PARENTAL CONSENT

(CONTINUED)



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MEDICAL INFORMATION

1. Does your child experience any conditions requiring medical treatment and / or medication? YES NO

IF YES PLEASE PROVIDE DETAILS:

2. Does your child have any allergies? YES NO

IF YES PLEASE PROVIDE DETAILS:

3. Does your child have any specific dietary requirements? YES NO

IF YES PLEASE PROVIDE DETAILS:

4. Please provide any further information you feel is necessary:

- a) I have received comprehensive details of the activities overleaf and I am aware of the Newton Abbot Fishing Association Child Protection Policy and Procedures.
- b) I consent to my child taking part in the activities detailed. I acknowledge that the Club will be liable in the event of any accident only if they have failed to take reasonable steps in their Duty of Care for my child during the activities.
- c) I agree to be at the drop off / pick up point at the agreed time.
- d) I confirm to the best of my belief and knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.

SIGNED:

PRINT NAME:

DATE:

This form or a copy of the form **MUST** be taken by the person in charge of the activity.