**TEMPLATE T1 - PARENTAL CONSENT FORM ON JOINING A CLUB**

*[CLUB NAME]* CROQUET CLUB

*[Club address]*

*[Date]*

Dear *(name of parent),*

**JUNIOR MEMBERSHIP**

We are delighted *[insert name of child]* has joined our Croquet Club*.* We want to assure you that we will take care to ensure their safety at all times and to make learning and playing croquet an enjoyable experience.

**How you can help**

You will play a vital role in supporting your child as they learn the game and develop their skills. It is easy to get carried away with enthusiasm and we ask you to act in a friendly and respectful manner at all croquet venues and events, and to abide by this Code of Conduct:

* Be supportive of the efforts of your child and other players.
* Do not use bad language or make derogatory comments.
* Celebrate effort, not just success.
* Help your child enjoy the sport – we do it for fun!
* Respect the work of coaches, other members and officials.
* Discuss any concerns with your child’s coach or one of the club’s officers.
* Do not insist your child continues with the sport if they are no longer enjoying it.

We may request any parent to leave a training session or event if they are in breach of any aspect of this code of conduct.

We will also need you to ensure your child has appropriate travel arrangements for getting to the club and any other venues, and that when at the club they are accompanied by you or another adult.

**Playing at the club**

*Clubs may wish to include information about:*

* *How the child can access the lawns and facilities – access to keys etc.*
* *Opening times etc.*
* *If appropriate – social activities and how these are arranged, ensuring that parents are also welcome.*

**Information and permissions**

We require certain information and your specific permission for *name of child* to be included in our activities.

* **Contact and Health Information.** As an obvious precaution, we need your child’s details and those of his parent and other emergency contact. We also need to be aware of any relevant health or medical conditions, and the actions that should be taken if the need arises.
* **Permission to photograph, video or contact on-line.** We take photographs of our games, competitions, tournaments and events for publicity on our website and local media. Personal details identifying your child will only be published with your consent.
* **Trips away.** There may be opportunities for *name of child* to play for the club at another venue. If this happens, we will contact you to discuss the arrangements fully and obtain your consent.

We will protect your child’s personal data and will only use it in accordance with your permission.

**Parental Consent and Information Form**

To provide all the above information, please complete and return the attached form.

If you have any queries please do contact me, or the Club’s Safeguarding Officer:

*Insert details of Club’s Safeguarding Officer*

Yours sincerely,

Chair of *name of club*

Attachment:

Parent’s Consent and Information Form.

**PARENT’S CONSENT AND INFORMATION FORM**

(One copy of this form should be retained by the family and one should be kept securely by the coach. It should be conveyed securely whenever a child is undertaking coaching or playing croquet.)

|  |  |
| --- | --- |
| **Child’s First Name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Child’s contact details**Only put your child’s telephone and email address here if you are happy for them to be included in the members list which is circulated to all members.If you leave this blank, we will contact your child through your own phone and email. | **Mobile** |
| **Email** |

**Taking Part**

|  |  |
| --- | --- |
|  | **Please tick** |
| I consent to my child taking part in the activities of the club, on the understanding that the Club accepts no responsibility for loss, damage or injury caused by, or during attendance, at any of the clubs organised activities, except where such loss, damage or injury can be shown to result directly from the negligence of the Club. |  |
| I consent to the coach, in my absence, being my child’s Responsible Adult as defined in CNZ’s Safeguarding Policy. |  |

**Photo/Video taking**

|  |  |
| --- | --- |
|  | **Please tick to indicate consent to** |
|  | Photos / Videosbeing taken and used | Child’s name being used with photo / video |
| Within the club, in club publications and on the club website. |  |  |
| In Croquet New Zealand (CNZ) publications / on CNZ website / other methods of communication by CNZ, including social media. |  |  |
| In other places such as local media. |  |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Relationship to child** |  |
| **Name** |  |
| **Date** |  |
| **Address** |  |
| **Mobile** |  |
| **Email** |  |

**Medical Statement**

|  |  |
| --- | --- |
| Family Doctor’s name |  |
| Doctor’s telephone |  |
| Does your child suffer from any medical conditions/allergies that the club / coach should be aware of (including any current medication)? *Please give details* |  |
| Please provide details of any medication that must be administered: |  |

**2nd Emergency contact details:**

|  |
| --- |
| If I need to be contacted but cannot be reached, the following person should be telephoned:  |
| **Name** |  |
| **Relationship to child** |  |
| **Mobile** |  |