

Parent / Legal Guardian Consent Form

Junior Associate Membership

Great Britain Wheelchair Rugby



PARENT / LEGAL GUARDIAN CONSENT FORM

JUNIOR ASSOCIATE MEMBERSHIP

Thank you for supporting the process to ensure safe participation of young people in wheelchair rugby. To aid us, please complete the following form, providing responses in each of the light blue boxes.

Participant details

Full name:	
Date of birth:	

Parent / legal guardian details

Full name:	
Parent / legal guardian: <i>(please select one option)</i>	Parent / legal guardian
Address:	
Phone number:	
Email address:	

Activity consent

Children aged 14-17 years (inclusive) are eligible for Junior Associate Membership (covering a workforce / assistant coach capacity whilst supervised) subject to the following criteria being agreed to and met by the parent / legal guardian. Please note that Junior Associate Members do not have authorisation to carry out lifting of chairs and must only coach in an Assistant Coach capacity. This consent does not extend to permission to train or compete with adult members.

I understand that participation in wheelchair rugby activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Great Britain Wheelchair Rugby, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organisations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for the above named person to be taken to an appropriate medical facility.

Code of Conduct acceptance

GBWR is committed to appropriate behaviour, including that of parents / legal guardians, as outlined within our Codes of Conduct which are available in full at www.gbwr.org.uk or by contacting the GBWR Head Office. I confirm that I have read and agree to abide by all GBWR Codes of Conduct, as applicable dependent upon my role(s) within the sport.

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Photography authorisation

I hereby authorise Great Britain Wheelchair Rugby, hereafter referred to as 'GBWR', to publish photographs taken of the child listed above, and their name and likeness, for use in GBWR's print, online and video-based marketing materials, as well as other GBWR publications. I hereby release and hold harmless GBWR from any reasonable expectation of privacy or confidentiality for the child listed above associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child listed above and that I have full authority to consent and authorise GBWR to use their likenesses and name.

I further acknowledge that participation is voluntary and that neither I nor the child will receive financial compensation of any type associated with the taking or publication of these photographs or participation in GBWR marketing materials or other GBWR publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release GBWR, its contractors, its employees and any third parties involved in the creation or publication of GBWR publications, from liability for any claims by me or any third party in connection with the participation of the child listed above.

I understand that this selection has no bearing on the success of the application, and that I may amend this selection by contacting the GBWR Head Office.

In accordance with the above, I authorise GBWR to publish photographs of the child listed above : (please select one option)	Yes / no
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Agreement

I provide agreement to / acceptance of the above 'activity consent' and 'Code of Conduct acceptance'.

Full name:	
Signature:	
Date:	