

Activity Consent Form – Junior Table Official

Safeguarding

Great Britain Wheelchair Rugby



ACTIVITY CONSENT FORM – JUNIOR TABLE OFFICIAL

SAFEGUARDING

Participant details

First name

Last name

Address

.....

.....

Date of Birth

Age during activity

Has approval to participate in

..... from/...../..... to/...../.....

AGREEMENT

I am aware that the opportunity to support as a Non-Member junior (11-13 years old, inclusive) table official is provided as a chance to observe and work with an experienced table official to shadow and support their role on the table. I understand that participation in this wheelchair rugby activity in the capacity of ‘shadowing’ an existing experienced wheelchair rugby table official involves a certain degree of risk and can be physically, mentally, and emotionally demanding. The experienced table official will always have responsibility of the duty to ensure minimal pressure is added to the junior. No junior will be given sole responsibility of a duty during a game. Juniors may be able to actively contribute to a role, but this is only if / when the experienced official feels it appropriate (taking into account the junior’s ability, game situation and pressure), and during this time the experienced official will be there to observe, support and take over if needed. I appreciate that many of GBWR’s events are adult based leagues, and I am happy with the environment in which my junior will be involved. I also understand that juniors who are supporting as table officials will always be the responsibility of the parent / legal guardian, even whilst performing a duty. Parents / legal guardians are not to presume any GBWR staff, table officials or any other volunteers are responsible for any junior.

I have been fully informed and carefully considered the risk involved and hereby give my consent for my child to participate in this activity. I have been provided with Event Officer contact details for this activity and am aware of the measures in place to promote and safe and enjoyable experience for my child. I also understand that participation in this activity is entirely voluntary (and is offered as the participant is already attending the event with parents/legal guardians) and requires participants to abide by applicable rules and standards of conduct. I release the 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



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contact me. In the event I cannot be reached, I hereby give my permission for to be taken to an appropriate medical facility for assessment and treatment.

Each opportunity will be assessed on an event by event basis and will consider experience, event level and availability of experienced officials, so acceptance to shadow / support as a table official at one event does not guarantee acceptance to other events.

Parent/legal guardian name
(printed)

Parent/legal guardian signature Date

Telephone number Email

Contact GBWR with any questions: Daniel Hook, Corporate & Membership Secretary
Tel: 0208831 7645 E-mail: danielhook@rfu.com