**PARENTAL CONSENT FORM Bodmin Way Youth Club**

Second Saturday of the month, **6.30pm to 7.30pm**.

It’s a get together for those aged **11+** in a safe and friendly environment. Activities are likely to include: table tennis, football, team games, crafts, crochet skills, keyboard/piano skills, games in Priory Park and short walks.

Our safeguarding officer, A Cavalera, can be contacted via info@bodminway.org “*Ensuring young people as well as adults are kept safe while in our care is an integral part of Bodmin Way’s life. For more information visit bodminway.org/safeguarding.”*

We reserve the right to ask attendees to leave if they do not follow club rules. Club rules are summed up as “show respect to all young people, leaders, resources and the building”.

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| --- | --- |
| Name of young person: | Date of birth of young person:  |
| Name of parent/carer: | Phone of parent/carer: |
| Home address of young person: | Email of parent/carer: |
| Emergency contact: | Phone: |
| Doctor and surgery: | Phone (if known): |
| Medical issues: *Continue overleaf if necessary* | Medicines used: |
| Allergies – Food: | Other allergies: |
| Anything else we should know? *Continue overleaf* | Are you happy for your young person to walk home on their own or with others? **Please tick**  |

 -------------------------------------- ***Cut this top section off for your records*** -----------------------------------------------

**PLEASE FILL IN USING CAPITAL LETTERS**

The young person named above is in good health and capable of the activities taking place. I agree to them taking part in youth activities both inside and outside the Parish Centre. In the event of an accident l consent to any medical treatment. In the event of an emergency l consent to treatment by medical health professionals if deemed necessary.

Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/carer in caps (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the use of my young person’s image being taken and used to record/promote club activities, on social media and website, or shared with funders. Young people will not be identified by name.

**Yes: No:** Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_