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| **Standard Parental/Guardians Consent Form** |

Anything written on this form will be in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend for training and playing sessions.

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| **Child’s full name:** |  |
| **Address:** |  |
| **Home Tel No.** |  |
| **Age of Child:** |  |
| **Date of Birth:** |  |
| **Gender:** |  |
| **Name of friend or relative attending:** |  |
| **Emergency Tel No.** |  |
| **If unavailable** **Provide alternative tel no.** | **Name:****Tel Number****Relationship to child:** |
| **GP/Doctors Name** |  |
| **GP/Doctors Tel No.** |  |
| **Details of any known special dietary requirements/allergies/medical conditions:** |  |
| **Any other special needs requirements, directions, that would be helpful for the coaches to know about:** |  |

I will inform the coaches of any important changes to my child’s health, medication or needs and also of any changes to our address or phone numbers provided.

In the event of illness, having parental responsibility for the above named child I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that the IABA has developed a Safeguarding policy and they are committed to ensuring the safety of my child by having:**

* **Code of Conduct**
* **Clear recruitment policy which includes vetting all coaches & volunteers**
* **A transport guideline**
* **A photography policy**
* **Disciplinary procedures**
* **A children’s Officer**

The **IABA** is committed to ensuring that any information gathered in relation to our youth squads meets the specific responsibilities as set out in the Data Protection legislation.

The **IABA** coach officer will store the above information on their youth database for a maximum of 12 months before re-registering the boxer if still associated with the club.

In accordance with our safeguarding policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardian and children.

**IABA** will take steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the IABA Children’s Officer immediately. By signing this form I consent to the photographing or videoing of my child.

**Drug testing**

I give permission for my child to be tested for prohibited substances in accordance with the Irish Sports Council or Sport NI Anti Doping Rules.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in and travel to all activities.

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**Signature of Child**

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**Signature of Parent/Legal Guardian**

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**Print Name Date**