

***Safe in Care –  
Kinross Tennis Club in  
Partnership with Parents***



**Parental Consent Form**

Kinross Tennis Club values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in tennis.

To help us fulfil our joint responsibilities for keeping children safe Kinross Tennis Club has introduced Codes of Practice. These Codes of Practice tell you what you can expect from us when your child participates in tennis at the club and details the information we need from you to help us keep your child safe.

We need you to complete this form and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know e.g. a coach, child protection officer or first aider.

NAME OF CHILD:	DATE OF BIRTH:
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**A) MEDICAL INFORMATION AND CONSENT**

Name of child:			
Date of Birth:			
Home address:			
Telephone:	Home	Work	Mobile
Email			
Name of Emergency Contact:			
Telephone Contact:			
Relationship to Child:			
Name of General Practitioner:			
Address of GP:			
GP Telephone Contact:			

Please complete the following details. If none, please state "none".

Any pre existing medical conditions that may affect the child's participation in Tennis:
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Any medication or treatment required:
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Any existing injuries (include when injury sustained and treatment received):
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Allergies including allergies to medication:
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**TO BE COMPLETED BY PARENT/GUARDIAN**

I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary. I undertake to inform Kinross Tennis Club should any of the information contained in this form change.

Signature:	Date:
Print Name:	Relationship to Child:

**B) PHOTOGRAPHS AND PUBLICATIONS**

Your child may be photographed or filmed when participating in Kinross Tennis Club within the guidelines contained in our Photography and Filming of Children Policy. All reasonable steps will be taken to obtain parental consent. In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.

I GIVE / DO NOT GIVE (delete as appropriate) my permission for my child to be involved in photography/filming and for information about my child to be used for the purposes stated in Kinross Tennis Club Code of Practice (Promotion, Performance Analysis, Reporting, etc)

SIGNED:	DATE:
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I am aware of Kinross Tennis Club's Code of Practice and agree to work in partnership with Kinross Tennis Club to promote my child's safe participation in tennis. I understand Kinross Tennis Club will listen to the views of my child in relation to all matters affecting them and require to respect my child's ability to give their own informed consent.

PARENT'S SIGNATURE: (Please state relationship to child if not parent)	DATE:
Kinross Tennis Club REPRESENTATIVE:	DATE:

**C) TRANSPORTATION OF CHILDREN (ONLY RELEVANT TO JUNIOR TEAM MEMBERS)**

I CONSENT / I DO NOT CONSENT (delete as appropriate) to my child being transported by persons representing Kinross Tennis Club or one of its individual members or affiliated clubs for the purposes of taking part in tennis.

I understand Kinross Tennis Club will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

SIGNED:	DATE:
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