

# Ulster Provincial Boxing Council

## Parental / Guardians Consent Form

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

<b>Child's Full Name:</b>	
<b>Address</b>	
<b>Home Tel No.</b>	
<b>Age</b>	
<b>Date of Birth</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Name of friend / relative attending</b>	
<b>Emergency Tel No</b>	1. 2.
<b>If unavailable contact</b>	<b>Name</b> <b>Tel</b> <b>Relationship to child</b>
<b>GP/ Doctor's Name</b>	
<b>GP / Doctor's Tel No</b>	
<b>Details of any known special dietary requirement / allergies / medical conditions</b>	
<b>Any other special needs, requirements, directions, that would be helpful for the coaches to know about</b>	

I give permission for my child to attend and participate in all boxing activities (training and competition). 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 given.

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 treatment or medication.

I have been made aware that the UPBC have 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 guidelines
- A photography policy
- Disciplinary procedures
- A children's officer

The UPBC 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 UPBC will store the above information on their youth data base 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.

The UPBC will take all 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 UPBC children's officer immediately. I consent to the photographing or videoing my child.

Drug Testing (for elite boxers only)

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 & travel to all activities.

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**Signature of Child**

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**Signature of Parent / Guardian**

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**Print Name**

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**Date**

**Please return this form to the relevant Coach or Manager of your age group**

(This consent form will remain valid for 1 year)

