



AFTER SCHOOLS SPORTS CLUB CONSENT FORM

Name of School:

Dates of sessions:

By completing this form, you give consent for Wigan Athletic Community Trust and its employees to work directly with your child in the delivery of activities which may include informal education, physical activity, games, and socialising with peers.

Young Person's Details:

Name of child/young person:	
Date of birth:	Age:
Gender:	
Address:	
Postcode:	School Attending (if applicable):
Education Status: (Please circle)	In School In College In Other Education In Work Not in Employment or Education
Ethnicity: (Please circle)	Asian/Asian British Black/African/Caribbean/Black British White/White Irish Mixed/multiple ethnic group Other ethnic group (specify)

Parent/Carer's Contact Details

Name of parent/carer:	
Address:	
Postcode:	Contact no:
E-mail address:	
<i>Name and address of person collecting child/young person from provision if different from above.</i>	
Name:	
Relationship to child/young person:	
Address:	
Postcode:	Contact no:

Do you give consent for your child to arrive and leave the session unaccompanied? YES NO



Details of Emergency Contact

<i>Please supply alternative contact information in case we cannot contact you.</i>	
Name:	Contact no:
Relationship to child/young person:	

Photograph and Publicity Permission

Please tick your choice of consent for the publication of any photographs/video taken of your child at the sessions, whether or not it displays their name, face or any text, captions, illustrations whatsoever and you release Wigan Athletic Community Trust from any liability for any such use in any and all media.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Health and Behaviour

Does your child have any behavioural issues we should be made aware of?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify below
Does your child have asthma?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Children that attend a session without their inhaler will not be permitted to take part.
Does your child have epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, does your child require rescue medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If rescue medication is to be administered in the event of a seizure, it will need to be provided by the parent/carer at the beginning of each session, and collected at the end of each session.</i>	
Does your child have a disability? If yes please specify	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have limitations with regards to communication?	
Does your child have any physical limitations that may restrict participation in certain activities?	
Do you give permission for us to sign on your behalf for any emergency medical treatment, should it be required?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you give consent for us to sign on your behalf for your child/ young person to take part in outward bound and other activities on your behalf?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	



This form was completed by

Print Name:	Signed:
Relationship to child/young person:	
Date:	

PERMISSION

I understand that my child’s information will be held securely and confidentially by Wigan Athletic Community Trust, and will not be shared with any other agency without my consent. I understand that this information may be used by the project to contact my child in the future.

I have read the privacy notice and I agree to Wigan Athletic Community Trust processing this information. I can get a copy of the information held by contacting Wigan Athletic Community Trust at the address overleaf.

We would also like to keep you up to date on our football and sports activities, holiday course, special events and general information. We take your privacy seriously and will only use your personal information to provide the services you have registered for. If you consent to us contacting you for this purpose please tick to say how you would like us to contact you.

Post Text Message Telephone E-mail

Signed Name

Date.....
(must be signed by parent or carer)

PRIVACY NOTICE

Wigan Athletic Community Trust is required to report to our funders a summary of the personal information of children and young people who use our services (age groups, gender and areas of residence, number of young carers, young people with disabilities etc.)

All personal information is secured on an online data platform provided by a third party organisation called Substance.

We do not provide personal information such as names or addresses about individuals to our funders or any other agency.

Further information regarding Wigan Athletic Community Trust’s Information Governance and Substance is available on request. A copy of our policy is available from:

Contact Details / Data Controller



Tom Flower, Head of Community, Wigan Athletic Community Trust, Montrose Skills Hub, Montrose Avenue, Wigan, WN5 9XN

T: 01942 318 090 **E:** community@wiganathletic.com

Office use only Form processed	Date
Unique ID

