



In line with the guidelines of The Irish Sports Council

Junior Athlete Parental Consent Form

JUNIOR ATHLETE INFORMATION

PLEASE TYPE or USE CLEAR BLOCK CAPITALS

Junior Athlete Full Name:

Male/ Female:

Please circle one answer

Current Address:

Date of Birth:

Age

Day:

Month:

Year:

Phone:

Mobile:

Email:

I confirm my child is aged between 7yrs – 15 yrs and is above 42"/3.5ft: Yes / No

Medical History Information - please give details of any known allergies or medical conditions:
(Use additional page if needed):

Doctor GP Name:

GP Phone Number:

Any other special needs, dietary requirements, instructions you feel we should be aware of:

PARENTAL/GUARDIAN CONSENT

Parent Full Name:

Male/ Female:

Please circle one answer

Current Address:

Email:

Main Phone/Mobile:

Emergency number:

Relationship to Junior Participant:

1. Safeguarding Code

I hereby consent to the above child participating in activities of the organization in line with The Irish Sports Council Safeguarding Code for Young People and Manual of Guidance. I will inform officials of any changes to the information above.

2. Code of Conduct

I agree to Mini Muckers Code of Conduct for a) junior participant or b) parents or both where applicable in Safeguarding Code

3. Staff/Officials

I understand that while officials and staff will take all reasonable precautions to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered while participating in a Mini Muckers event.

4. Photographs/ Media

I understand that photographs will be taken during the event and may be used in promotion of sport. These photographs will only be used in keeping with The Irish Sports Council Safeguarding Code's "Guidelines on use of Photographic and Filming Equipment".

5. Medical

I know of no reason, medical or otherwise, why the above child should not participate in the activities involved. I have willingly supplied the contact and medical details above and consent that in the event of any illness/accident, any necessary treatment can be administered to my child. This may include the use of anesthetics by trained personnel. I understand that every possible effort will be made to contact me first.

Parent Full Name:

Signature:

Date;

Junior Participant Full Name:

Signature:

Date: