

# Calne Comets Volleyball Club

## Junior Contact Information

The information collected on this form is used by the coach and treasurer to run the training sessions and will be retained until the start of the next season once all outstanding fees have been paid. Player details are provided to the South West Volleyball Association or Wiltshire Volleyball Association if a player is a member of a team entered into a competition run by that organisation.

<b>Young Person's Details</b>		<b>Season</b>	2019-20
<b>Name</b>			
<b>Date of birth</b>		<b>Gender</b>	
<b>E-mail</b>			
<b>Allowed to leave without responsible adult</b>	Yes / No		
<b>Who can collect?</b> If the young person is not allowed to leave without responsible adult, list any other adults who can collect the young person			

### **Responsible Adult**

Please give the contact details of somebody who can be contacted in the event of an incident/accident. If this person lives at a different address then please write address at the bottom of the form.

<b>Name</b>	
<b>Relationship</b>	
<b>Contact Number</b>	
<b>E-Mail</b>	
<b>E-mail Communication</b>	Adult only / Both adult and player

### **Medical Information**

<b>Doctor</b>	
<b>Medical Conditions</b> Please provide details of any relevant medical information or conditions (for example allergies, asthma, diabetes)	

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## Junior Contact Information

### To be completed by the parent or guardian

<b>Name</b>	
<b>Name of Parent/Guardian</b>	

By returning this completed form, I agree to the above named player (for whom I am the parent/guardian) taking part in the activities of the club. I consider the young person named above to be physically fit and capable of full participation and agree to notify the club if there is any changes to the information provided. Furthermore in the event of an injury I give permission for the organisation to obtain emergency medical treatment.

I understand that the club will:

- ensure that there is an adult present and that adult has been check by the Disclosure and Barring Service on behalf of the club;
- take reasonable steps to contact me in the event that there is an injury to the player or the player is taken ill;
- not permit photograph or video images of junior players to taken of young people without the consent of their parent(s)/guardian.

The child protection policy of Volleyball England is to require that any person wishing to engage in any video or close range photography has to register their details with the event organiser and all reasonable steps will be taken to ensure that these images are used solely for the purposes they are intended.

If anybody becomes aware of any images being used inappropriately then they should inform either the event organiser or the club welfare officer immediately.

I give my consent for photograph or video images of the above named player to be taken by authorised persons while the player is taking part in volleyball training and matches for Calne Comets Volleyball Club for the purposes I have circled below.

<b>For coaching purposes</b>	<b>For club publicity</b>		<b>Never</b>
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I confirm that I have legal responsibility for this young person and am entitled to give this consent.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_