

# PARENTS' CONSENT FORM

Worthing College

Telephone Number: 01903 275755

**Trip/Activity**                      **Sports Academy fixtures and training**  
**This will include training, fixtures both home and away, and tournaments**

**On/from**                              **01/04/2019 - 30/05/2020**

I consent to my son/daughter/ward.....to be allowed to take part in the above-mentioned Worthing College Sports Academy trials and recruitment process and agree to him/her taking part in any or all of the activities described. To the best of my knowledge my son/daughter is fit and healthy for the purpose of the activity.

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff are obeyed. Correct kit and equipment will be needed for the trials and recruitment process as outlined in the initial letter from the College.

I understand that, whilst the College staff and helpers in charge of the trials and recruitment process will take all reasonable care of the students, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter.

Medical and emergency contact information (It is essential that we have the following information to ensure appropriate action can be taken in an emergency.)	
Date of birth:	
Name and address of doctor:	
Doctor's telephone number:	
My son/daughter has the following medical conditions (if none, please write "none"):	
Which necessitates the following medical treatment (including special dietary requirements):	
Any other information you wish the group leaders to be aware of: e.g. vegetarian	
Should the need arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.	
Signed: .....(Parent/Guardian)	
Date: .....	
Emergency Contact Details (please give details for both during College hours and out-of-hours if applicable):	
During College Hours Contact Name:	Out-of-Hours Contact name:
Address:	Address:
Telephone No: Work .....	Telephone No: Work .....
Home .....	Home .....

## Data Protection

I give permission for Worthing College to store electronically the information I have provided and use it to process my application.