A black and white logo

Description automatically generated

**GRIMSBY TOWN FOUNDATION**

**CONSENT FORM**

|  |  |  |  |  |  |  |  |  |  |
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| **Venue Details:** | | | | | | | | | |
| **School/ Venue Attending:** | | | | **YMCA Kent Street** | | | | | |
| **Session Type:** | | | | **Netball PL Kicks** | | | **Session Times**  (e.g. 3:30 – 4:30) | | **18.00-19.00** |
| **Participants Personal details:**  (Please fill in **ALL** boxes with the appropriate data) | | | | | | | | | |
| **First Name:** |  | | | | **Last Name:** | | |  | |
| **Date of Birth:**  (Day/Month/Year) | **/ /** | | | | **Age:** | | |  | |
| **Gender:** | □Male □Female □Non-Binary □Transgender (Male) □Transgender (Female)  □Gender Fluid □Gender Queer □Other □Prefer not to say | | | | | | | | |
| **Religion:** | □ Agnostic □ Atheist □ Baha’i □ Buddhist □ Christian □ Hindu  □ Jewish □ Muslim □ Sikh □ No Religion □ other □ Prefer Not to Say | | | | | | | | |
| **Ethnicity:** | □ Asian/Asian British – Chinese □ Asian/Asian British – Pakistani  □ Asian/Asian British – Indian □ Asian/Asian British – Bangladeshi  □ Asian/Asian British – Other □ Asian/Asian British – (Unspecified)  □ Black/African/Caribbean/Black British - African □ Black/African/Caribbean/Black British - Caribbean  □ Black/African/Caribbean/Black British - Other □ Black/African/Caribbean/Black British - (Unspecified)  □ Mixed/Multiple Ethnic Groups – White and Asian □ Mixed/Multiple Ethnic Groups – White and Black African  □ Mixed/Multiple Ethnic Groups – Other □ Mixed/Multiple Ethnic Groups – White and Black Caribbean  □ Mixed/Multiple Ethnic Groups – (Unspecified) □ White – Welsh/English/Scottish/Northern Irish/ British  □ White – Irish □ White – Gypsy, Roma or Irish Traveller  □ White – Eastern European □ White - Other  □ White – (Unspecified) □ Other Ethnic Group - Arab  □ Other Ethnic Group – Other □ Prefer Not to Say | | | | | | | | |
| **Participants Home Address:** | | | | | | | | | |
| **Street:** |  | | | | **Town:** | | |  | |
| **Post code:** |  | | | | **County:** | | |  | |
| **Participants Contact:** | | | | | | | | | |
| **Phone Number:** | |  | | | **Mobile:** | | |  | |
| **Email:** | |  | | | | | | | |
| **Participants Education:** | | | | | | | | | |
| **School/ College:** | |  | | | | **Year/ Education Level:** | | |  |
| **Participants Parent/Legal Guardian/ Carer:** | | | | | | | | | |
| **First Name:** | |  | | | **Last Name:** | | |  | |
| **Phone Number:** | |  | | | **Mobile:** | | |  | |
| **Relationship to Participant:** | | |  | | **Email:** | | |  | |
| **Address:** | | | | | | | | | |
| **Street:** | |  | | | **Town:** | | |  | |
| **Post code:** | |  | | | **County:** | | |  | |

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| **Participants Medical:** (Please fill in **ALL** boxes with the appropriate data) | |
| Do you have any long-term illness or disability?  □ None  □ Hearing impairment  □ Learning difficulty  (e.g. Movement, coordination difficulty, Dyspraxia, Dyslexia, etc.)  □ Learning Impairments (e.g. Down syndrome, etc.)  □ Mental health condition (e.g. depression, schizophrenia etc.)  □ Physical impairment - wheelchair user  □ Social/communication impairment  (e.g. autistic spectrum disorder, Asperger's syndrome etc.)  □ Visual impairment (blind or partially sighted)  □ Other  □ Not Known  □ Prefer Not to Say | |
|  | |
| Other Illness or Disability details: | □ n/a |
| Do you have any medical conditions that we’d need to know about during the programme? | |
| □ None □ Allergies □ Asthma □ Diabetes □ Epilepsy □ Hay fever □ Heart Condition  □ Pregnancy □ High Blood Pressure □ Fainting or Blackouts □ Other | |
| Medical condition details: | □ n/a |

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| **Emergency Contact 1:** (Please fill in **ALL** boxes with the appropriate data) | | | |
| **First Name:** |  | **Last Name:** |  |
| **Phone Number:** |  | **Mobile:** |  |
| **Relationship to Participant:** |  | **Email:** |  |
| **Are you happy for this person to collect from activities?** | | | □ Yes □ No |
| **Emergency Contact 2:**  (Please fill in **ALL** boxes with the appropriate data) | | | |
| **First Name:** |  | **Last Name:** |  |
| **Phone Number:** |  | **Mobile:** |  |
| **Relationship to Participant:** |  | **Email:** |  |
| **Are you happy for this person to collect from activities?** | | | □ Yes □ No |

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| **Media and Data Consent:**  (Please fill in **ALL** boxes with the appropriate data)  □ All mentioned Organisations  □ Grimsby Town Foundation | |
| **I give consent that any Filming/Photography collected by the Foundation may be shared and used by:** | □ English Football League Trust  □ Premier League Charitable Fund  □ English Football League Trust  □ Premier League Charitable Fund  □ Grimsby Town Football Club  □ English Football League |
| **I give consent data collected by the Foundation may be shared and used by:** | □ Grimsby Town Football Club  □ English Football League  □ All mentioned Organisations  □ Grimsby Town Foundation |

**Parent/Guardian/ Carer Disclaimer and Consent:**

I consent to let my child take part in the Foundations Activity. I understand the Foundation are under no liability in respect of any loss or injury which the applicant may sustain, other than death or personal injury resulting from negligent acts of its employees or agents. I authorise Emergency Treatment to be administered if necessary, during the activity by the appropriate person/people. I consent for my child to be transported to other venues for tournaments when the opportunities arise.

**Grimsby Town Foundation recommends that all participants wear the correct protective equipment/footwear at all sessions and failure to do so is at your own risk.**

**Signed (Parent/Guardian/Carer):­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**