**Parent/Guardian Permission Form**

This form is designed to be completed by the parent or legal guardian of any player under the age of 18, it will give permission for them to take part in Softball Activities. Anything written on this form will be held in confidence. Once completed please return to the Jersey Softball Association (JSA).

This form will cover your child for all the season's activities you list in section 6 - please list the Season that you are proposing to cover in the CONSENT STATEMENT FROM PARENT/GUARDIAN on page 4 (i.e. "2022 Season").  The form MUST be registered with the JSA prior to the start of the season by using the email address below and a copy of the form must be presented to any League Head and any Tournament Control in which the Under 18 is to participate.

Jersey Softball Association.

***Les Quennevais Sports Centre***

***St Brelade***

Email: Safeguarding@Jerseysoftball.com

**SECTION 1: PLAYER DETAILS**

|  |  |  |
| --- | --- | --- |
| First Name\* |  |  |

|  |  |  |
| --- | --- | --- |
| Last Name\* |  |  |

|  |  |  |
| --- | --- | --- |
| Date of Birth\* |  |  |

|  |  |  |
| --- | --- | --- |
| Gender/Pronouns\* |  |  |

**SECTION 2: PARENT/GUARDIAN CONSENT**

|  |  |  |
| --- | --- | --- |
| Parent / Guardian\* |  |  |

|  |  |  |
| --- | --- | --- |
| Address\* |  |  |

|  |  |  |
| --- | --- | --- |
| Tel (Day)\* |  |  |

|  |  |  |
| --- | --- | --- |
| Tel (Evening)\* |  |  |

|  |  |  |
| --- | --- | --- |
| Mobile\* |  |  |

|  |  |  |
| --- | --- | --- |
| Email\* |  |  |

**SECTION 3: EMERGENCY CONTACT DETAILS**

|  |
| --- |
| In the event of an incident or emergency situation, where a parent or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the club. Please make this person aware that his or her details have been provided as a contact for the club. |

|  |  |  |
| --- | --- | --- |
| Name\* |  |  |

|  |  |  |
| --- | --- | --- |
| Phone Number\* |  |  |

|  |  |  |
| --- | --- | --- |
| Relationship which the person has with the child: |  |  |

**SECTION 4: MEDICAL INFORMATION**

|  |
| --- |
| Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication)  ………...…………………….………………………………………………………………………………..……..……..…  …...……………………………………………………………………..……………..…………..…………..……..……..…  Please provide details of medication that must be administered: …………………………………………. |

|  |  |  |
| --- | --- | --- |
| Name of Doctor / Surgery |  |  |

|  |  |  |
| --- | --- | --- |
| Telephone Number: |  |  |

**SECTION 5: SPORTING INFORMATION**

|  |
| --- |
| Has your child played Softball Before?  Yes  No  If Yes where have they played before:   Primary School  Club   Secondary School  Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 6:**

**CONSENT STATEMENT FROM PARENT/GUARDIAN**

|  |
| --- |
| * I confirm that to the best of my knowledge all information provided on this form is accurate and that I will undertake to advise the club of any changes to this information. * I agree to the child named above taking part in the activities of the club   Please give details of the events or activities you are giving consent to your child taking part in. (Please list all activities that you give consent for i.e. training, league games, tournaments etc.) This consent form will cover all activities for the season stated**. Season- \_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |
| --- | --- | --- |
| Parent / Guardian’s Signature \* |  |  |

|  |  |  |
| --- | --- | --- |
| Print Name \* |  |  |

\* Indicates required information

**ADVICE NOTES**

It is extremely important that permission should be obtained from parents, guardians or carers of any young person under the age of 18 years who is wishing to join a youth team, team of adults, or people over 18 years of age. **Both the club or team, and the parents, guardians and carers have a right and a responsibility to make sure that children within their care are safe at all times.**

The JSA:

* Has a trained Safeguarding Officer.
* Has a Safeguarding policy.
* Has Volunteers and coaches that work with young people have been suitably checked including where required a criminal record check eg DBS Disclosure.
* Has a written codes of conduct for team all team staff and volunteers working with playing and working with young people.
* Has qualified coaches.
* Has first aid trained assistance at every youth training session.
* Has a complaints procedure.
* welcomes any questions a parent, guardian or carer may wish to ask about the club or team.
* Holds data inline with OIC Jersey regulations.

Parents, guardian’s and carers should have concern if a club or team:

* discourages them from watching or becoming involved.
* encourages rough play, humiliating punishments or sexual innuendo.
* do not follow the rules of softball.
* encourage favouritism, personal reward or inappropriate physical contact.
* have poor communications with parents, guardian’s or carers.
* have their young person drop out for no apparent reason.

The safety of our children and young people is of paramount importance to the JSA and any further information can be obtained from the JSA Safeguarding Officer at [www.JerseySoftball.com](http://www.JerseySoftball.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Policy Last reviewed | Reviewed By (Consultant) | Approved by | Next review date |
| June 2022 | Chris Halford - President |  |  |