

PARENTAL CONSENT, ALTERNATIVE CONTACT AND DOCTOR'S INFORMATION.

Name(s) of Parent(s)/ Guardian(s):																			
Address:																			
E-mail:																			
Contact No:																			
Alternative Contact																			
Contact No:																			
Doctor																			
Contact No:																			

I, the parent/guardian of: _____, hereby give permission for her/him to register as a member of the club/project. I understand that the granting of membership is on condition that he/she will adhere to all club/project rules and that I am also consenting for him/her to attend the KDYS Annual Events, Club Events and Activities. (Further consent may be needed for some trips/activities.) I understand that my child will have to comply with any required covid related restrictions, in place, at any given time.

Should my son/daughter access the internet/social media during Club/Project time, they should do it in a responsible manner.

KDYS and its affiliated volunteer led clubs/projects respects your right to privacy and comply with its legal responsibility under the Data Protection Act 2018 (which incorporates the GDPR). The information provided on this form will be used for development of programmes and to tell you about events that we organise and services that we offer. We will not disclose any personal data unless we believe, in good faith, that we are required to disclose it to comply with any applicable law or statutory requirement. If you would like to exercise your rights under the GDPR, then please contact the club/project Chairperson.

Emails: From time to time, the Club/project/KDYS may contact me via email with information that may be relevant to me in my role as parent/guardian. Do you wish to be contacted? **Yes** **No**

Text Messaging: Club/project/KDYS may contact me via text messages in relating to upcoming activities, venues and times etc. Do you wish to be contacted? **Yes** **No**

Photography/Social Media: Club/project and KDYS feel that it is important to recognise the achievements and successes of young people both at club and organization level. We would often use all forms of media such as photographs/videos etc. to do this and I agree to these images being taken and used.

Yes **No**

Medical: In the event of illness or accident, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a trained first aider, if available, or by a suitably qualified medical practitioner. However, I understand that every effort will be made to contact me as soon as possible.

Yes **No**

Signed: _____ **(Parent/Guardian)** **Date:** _____