

# Parental / Guardian Consent Form

## For Scottish Touch activities involving participants under 18

Scottish Touch is committed to providing a safe, positive and inclusive environment for children and young people participating in Touch. Parental or guardian consent is required for participants under 18 taking part in Scottish Touch activities, including training, development camps, competitions, tournaments and representative activities.

Please complete all relevant sections and return the form to the Team Manager, Academy Manager or other nominated Scottish Touch official. Information will only be shared with people who require it for the safe administration of Scottish Touch activities.

### 1. SAFEGUARDING AND WELFARE

The welfare and safety of children and young people is a priority for Scottish Touch. Coaches, team managers, medical personnel and other volunteers working with young people will be required to meet the safeguarding requirements applicable to their role. Where appropriate, this will include membership of the Protecting Vulnerable Groups (PVG) Scheme and completion of relevant safeguarding training.

Coaches will be appropriately qualified or will operate under the supervision and guidance of suitably qualified Scottish Touch personnel. Any safeguarding concern involving a young person should be reported in accordance with Scottish Touch safeguarding procedures.

### 2. ASSESSMENT OF JUNIOR PLAYERS

When considering whether a player under 18 is suitable to participate in a particular training session, competition, age group or playing environment, the player's welfare and safety will be the primary consideration. The relevant coach, supported where necessary by appropriately qualified medical or welfare personnel, may take account of:

- the player's physical development and any current or previous injury, illness or medical condition;
- the player's skill level, playing experience and normal playing role;
- the standard and physical demands of the competition;
- the playing and environmental conditions; and
- any other factor considered relevant to the player's welfare or safety.

Where appropriate, Scottish Touch will liaise with the player and their parent / guardian and discuss the concerns / observations before making a decision regarding participation.

Agreement to Participate

Coach:-

Parent:-

Player:-

Date:-

### 3. PARTICIPANT DETAILS

| Name of participant | Date of birth |
|---------------------|---------------|
|                     |               |

| Home address |
|--------------|
|              |

| Postcode | Participant mobile (if applicable) | Participant email (if applicable) |
|----------|------------------------------------|-----------------------------------|
|          |                                    |                                   |

## 4. PARENT / GUARDIAN DETAILS

| Name of parent / guardian | Relationship to participant |
|---------------------------|-----------------------------|
|                           |                             |

| Mobile number | Email address |
|---------------|---------------|
|               |               |

## 5. ALTERNATIVE EMERGENCY CONTACT

Please provide an alternative adult who can be contacted if the parent / guardian named above is unavailable.

| Name | Relationship to participant | Telephone number |
|------|-----------------------------|------------------|
|      |                             |                  |

## 6. MEDICAL INFORMATION

Please provide details of any medical conditions, allergies, medication, previous or existing injuries, or other information Scottish Touch should know in order to safeguard the participant.

| Current medication | Allergies |
|--------------------|-----------|
|                    |           |

| Medical conditions / injuries / other relevant information |
|------------------------------------------------------------|
|                                                            |

Parents / guardians must advise the Team Manager or relevant Scottish Touch official of any material change to this information. Any medication arrangements required during Scottish Touch activity should be agreed in advance with the Team Manager or nominated responsible person.

## 7. EMERGENCY MEDICAL CONSENT

In the event of illness or injury, I authorise Scottish Touch representatives to administer appropriate first aid and, where necessary, to arrange for the participant to receive emergency medical assessment or treatment.

Where emergency treatment is considered necessary and I cannot immediately be contacted, I authorise Scottish Touch to act in the best interests of the participant until I, another parent / guardian or the nominated emergency contact can be reached. Scottish Touch will make all reasonable efforts to contact a parent / guardian as soon as practicable.

☐ **Yes**   ☐ **No**   I give this emergency medical consent.

## 8. TRANSPORT AND TRAVEL

Scottish Touch activities may require players to travel to training venues, competitions, tournaments and other activities. Transport arrangements may include public transport, coach, minibus or private vehicle, subject to Scottish Touch's relevant safeguarding and transport arrangements.

☐ **Yes**   ☐ **No**   I consent to my child travelling as part of organised Scottish Touch activities.

Where specific arrangements are required for an event or overseas trip, additional information and consent may be requested separately.

## 9. PHOTOGRAPHY, VIDEO AND MEDIA

Scottish Touch may take photographs or video footage at training sessions, competitions and events. Images or footage may be used on Scottish Touch websites and social-media channels; in news and event reports; in coaching or player-development resources; in presentations and educational materials; and for the promotion of Touch and Scottish Touch activities.

☐ **Yes**   ☐ **No**   I consent to my child being photographed or filmed by Scottish Touch for these purposes.

At some competitions or events, photographs and video may also be taken by event organisers, professional photographers, broadcasters or other approved third parties.

☐ **Yes**   ☐ **No**   I consent to my child being photographed or filmed by approved event organisers or professional third parties.

Where consent is not provided, Scottish Touch will take reasonable steps to respect that decision, although it may not always be possible to prevent a participant appearing incidentally in general crowd or competition footage produced independently of Scottish Touch.

## 10. DATA PROTECTION AND CONFIDENTIALITY

Scottish Touch will process personal information provided on this form for purposes connected with the safe organisation and administration of its activities, including player and team administration, safeguarding and welfare, emergency contact, medical and first-aid arrangements, participation in competitions and events, and communications relating to Scottish Touch activities.

Medical and safeguarding information will be treated as confidential and shared only with individuals who have a legitimate need to know, except where disclosure is necessary to protect the welfare of the participant or is otherwise required by law.

Personal information will be handled in accordance with applicable data-protection legislation, including the UK General Data Protection Regulation and Data Protection Act 2018, together with Scottish Touch's privacy and data-protection policies.

## 11. REPRESENTATIVE ACTIVITIES

Where the participant is selected to represent Scotland or Scottish Touch at a competition or event, additional event-specific information, consent forms, travel documentation and financial commitments may be required. These requirements will be communicated separately and participation may be conditional upon their completion.

☐ **Yes**   ☐ **No**   I understand and accept the above arrangements for representative activities.

## 12. PARENT / GUARDIAN DECLARATIONS

1. I confirm that I have parental responsibility or appropriate legal authority for the participant named on this form and am entitled to provide this consent.

☐ **Yes**  
☐ **No**

2. I confirm that, to the best of my knowledge, the information contained within this form is accurate and complete.

☐ Yes  
☐ No

3. I agree to inform Scottish Touch of any significant changes to the participant's medical, contact or other relevant information.

☐ Yes  
☐ No

4. I consent to the participant taking part in Scottish Touch training, competitions, tournaments and associated activities, subject to the information and conditions contained within this form.

☐ Yes  
☐ No

5. I understand that participation in sport involves an inherent risk of injury and that Scottish Touch will take reasonable steps to provide a safe environment for participants.

☐ Yes  
☐ No

6. I understand that Scottish Touch may withdraw or restrict a player's participation where coaches, medical personnel or safeguarding personnel reasonably believe this is necessary to protect the welfare or safety of the participant or others.

☐ Yes  
☐ No

## 13. SIGNATURES

|                                                  |                               |             |
|--------------------------------------------------|-------------------------------|-------------|
| <b>Participant name</b>                          | <b>Parent / guardian name</b> |             |
|                                                  |                               |             |
| <b>Parent / guardian signature</b>               | <b>Date</b>                   |             |
|                                                  |                               |             |
| <b>Participant signature (where appropriate)</b> | <b>Date</b>                   |             |
|                                                  |                               |             |
| <b>Scottish Touch representative</b>             | <b>Role</b>                   | <b>Date</b> |
|                                                  |                               |             |