

PARENTAL CONSENT FORM

****Active Starz****

Multi-sport Wraparound Sessions for Primary School Children

****Child's Name:**** _____ ****Date of Birth:**** _____

****Parent/Carer Name:**** _____ ****Date:**** _____

1. EMERGENCY MEDICAL TREATMENT CONSENT

In the event of a medical emergency where I cannot be immediately contacted, I authorise Active Starz staff and Emergency Services to:

- ☐ Call an ambulance if my child requires emergency hospital care
- ☐ Seek emergency medical treatment from a doctor or hospital
- ☐ Administer emergency first aid treatment
- ☐ Contact my child's GP if needed for medical advice
- ☐ Provide my child's medical details to Emergency Services

I understand that Active Starz will endeavour to contact me as soon as possible and will provide information about any treatment given.

2. ACTIVITY PARTICIPATION CONSENT

I give permission for my child to participate in all multi-sport activities offered by Active Starz, including but not limited to:

- ☐ Football and soccer
- ☐ Basketball and netball
- ☐ Tennis and racket sports
- ☐ Badminton
- ☐ Running and athletics
- ☐ Team games and relays
- ☐ Tag games and chasing games
- ☐ Coordination and movement activities
- ☐ Cooperative games and team-building
- ☐ Sport-specific coaching and skill development
- ☐ Activities on the school playground and sports facilities
- ☐ Water-based activities if offered (swimming, water games)
- ☐ Outdoor activities and field trips (if organised)

- ☐ Any other activities planned by Active Starz coaches

I confirm that my child is fit and able to participate in these activities. I will inform Active Starz immediately of any health changes or injuries that may affect participation.

****Parent/Carer Signature:**** _____ ****Date:**** _____

3. PHOTOGRAPHY AND VIDEO CONSENT

I give permission for Active Starz to:

Option A - Full Permission

- ☐ Take photographs or video of my child during sessions
- ☐ Use these images for progress records and coaching feedback
- ☐ Use these images on the Active Starz website
- ☐ Use these images on Active Starz social media accounts (Instagram, Facebook)
- ☐ Use my child's first name alongside the image
- ☐ Use these images for marketing and promotional materials

Option B - Limited Permission

- ☐ Take photographs or video of my child during sessions
- ☐ Use these images for progress records and coaching feedback ONLY
- ☐ Do NOT use images on website, social media or marketing materials
- ☐ Do NOT use my child's name with any images

Option C - No Permission

- ☐ Do NOT take any photographs or video of my child

****Please select one option above****

I understand that:

- All images will be stored securely
- Images will be deleted when my child leaves Active Starz
- Images will only be used for the purposes I have selected
- I can withdraw this consent at any time by notifying Active Starz in writing

****Parent/Carer Signature:**** _____ ****Date:**** _____

4. COLLECTION AUTHORIZATION

I authorise the following people to collect my child from Active Starz sessions:

****Authorised Collector 1:****

- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Other: _____
- ****Name:**** _____
- ****Relationship:**** _____
- ****Contact Number:**** _____

****Authorised Collector 2:****

- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Other: _____
- ****Name:**** _____
- ****Relationship:**** _____
- ****Contact Number:**** _____

****Authorised Collector 3:****

- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Other: _____
- ****Name:**** _____
- ****Relationship:**** _____
- ****Contact Number:**** _____

I confirm that all named collectors have my permission to collect my child and are trusted individuals.

****Parent/Carer Signature:**** _____ ****Date:**** _____

5. COMMUNICATION AND CONTACT

I give permission for Active Starz to:

- ☐ Contact me via phone about attendance, payment, or emergencies
- ☐ Contact me via email about sessions, activities, or general information
- ☐ Add me to the Active Starz parent communication group (WhatsApp/email)
- ☐ Send me newsletters and updates about Active Starz
- ☐ Contact me with information about new sessions or activities

****Preferred Contact Method:**** ☐ Phone ☐ Email ☐ Text

****Phone Number:**** _____

****Email Address:**** _____

I understand I can opt out of non-essential communications at any time.

****Parent/Carer Signature:**** _____ ****Date:**** _____

6. BEHAVIOUR AND DISCIPLINE

I understand that Active Starz operates a clear Code of Conduct for all children. I consent to:

- ☐ Positive behaviour management techniques (praise, encouragement, positive reinforcement)
- ☐ Clear explanation of expectations and boundaries
- ☐ Reasonable consequences for misbehaviour (time out, loss of privilege, modified activities)
- ☐ Communication with me about my child's behaviour
- ☐ Possible exclusion from sessions if behaviour is dangerous or bullying is persistent

I confirm that I have read and understood the Code of Conduct and Anti-Bullying Policy. I agree to support Active Starz in ensuring my child follows these policies.

****Parent/Carer Signature:**** _____ ****Date:**** _____

7. SPECIAL NEEDS AND MEDICAL REQUIREMENTS

I confirm that I have provided complete and accurate information about:

- ☐ Any medical conditions my child has
- ☐ Any medication my child is taking
- ☐ Any allergies my child has
- ☐ Any disabilities or special educational needs
- ☐ Any dietary requirements
- ☐ Any other relevant health or wellbeing information

I agree to update Active Starz immediately if any of this information changes.

I give permission for Active Starz staff to administer medication as prescribed:

- ☐ Yes ☐ No

If yes, medication type: _____

****Parent/Carer Signature:**** _____ ****Date:**** _____

8. LIABILITY WAIVER AND INDEMNITY

I understand that while Active Starz takes every reasonable precaution to keep children safe, participation in sport and physical activity carries inherent risks. These risks include but are not limited to injury from falls, collisions, or contact with equipment.

I acknowledge that:

- My child will be participating in physical activities
- The risk of minor injury (bumps, bruises, sprains) is part of active play
- Active Starz staff are trained in first aid and safe practice
- All activities are age-appropriate and supervised

****To the extent permitted by law**, I agree that Active Starz shall not be liable for any injury, loss or damage to my child arising from:**

- Participation in sessions and activities
- Use of facilities and equipment
- Accidents or incidents during sessions
- Except where negligence or breach of duty can be proven

I understand this waiver does not remove Active Starz's duty of care or responsibility to keep my child safe.

****Parent/Carer Signature:**** _____ ****Date:**** _____

9. PAYMENT TERMS

I understand and agree to the following payment terms:

- ☐ Payment is due in advance of sessions
- ☐ I will pay by standing order/card/bank transfer as arranged
- ☐ I understand fees are charged per [week/term/month]
- ☐ I understand there is a notice period for cancellation (as specified in Fee Policy)
- ☐ I will keep my payment information up to date
- ☐ I understand non-payment may result in exclusion from sessions

****Current Payment Method:**** _____

****Signed Acceptance:**** _____ ****Date:**** _____

10. DATA PROTECTION AND PRIVACY

I confirm that I have read and understood the Active Starz Privacy Notice and Data Protection Policy.

I understand that:

- My personal information will be stored securely
- My information will be used only for the purposes specified (activity provision, safety, communication)
- My information will not be shared with third parties except where required by law
- I have the right to access and request correction of my information
- I have the right to withdraw consent at any time

I consent to Active Starz holding and processing my personal data as described in the Privacy Notice.

****Parent/Carer Signature:**** _____ ****Date:**** _____

11. POLICY ACKNOWLEDGEMENT

I confirm that I have received and read the following policies:

- ☐ Safeguarding and Child Protection Policy
- ☐ Code of Conduct for Staff, Volunteers and Children
- ☐ Anti-Bullying Policy
- ☐ Complaints Procedure
- ☐ Health and Safety Policy
- ☐ Privacy Notice and Data Protection Policy

I have read and understood these policies. I agree that my child will comply with all Active Starz policies and procedures.

****Parent/Carer Signature:**** _____ ****Date:**** _____

12. GENERAL CONSENT AND DECLARATION

I declare that:

- ☐ All information provided on this form is accurate and complete
- ☐ I am a parent or legal guardian with authority to provide these consents
- ☐ I have read and understood all sections of this consent form
- ☐ I understand the risks associated with physical activity
- ☐ I understand Active Starz's safeguarding and child protection responsibilities
- ☐ I give my informed consent to all the matters outlined above

- [] I understand I can withdraw consent at any time in writing

****I understand that failure to provide accurate information may result in my child being unable to participate.****

PARENT/CARER DECLARATION

****Full Name (print):**** _____

****Signature:**** _____

****Date:**** _____

****Relationship to Child:**** [] Mother [] Father [] Guardian [] Other: _____

EMERGENCY CONTACT DECLARATION

In case of emergency where I cannot be contacted, I authorise Active Starz to:

1. Contact the emergency contacts listed on my child's enrolment form
2. Contact my child's school
3. Contact children's services if I cannot be reached
4. Authorize emergency medical treatment as described above

****Parent/Carer Signature:**** _____ ****Date:**** _____

ACTIVE STARZ STAFF SECTION

****Form Received By:**** _____ (staff member name)

****Date Received:**** _____

****All Sections Completed:**** [] Yes [] No (incomplete sections: _____)

****Consents Verified:**** [] Yes [] No

****Emergency Contacts Noted:**** [] Yes [] No

****Medical Information Noted:**** [] Yes [] No

****File Created and Consents Stored:**** [] Yes ****Date:**** _____

****Notes:**** _____

****Staff Signature:**** _____ ****Date:**** _____

****Note:**** This form should be reviewed annually and new consent obtained if circumstances change. Keep copies on file securely.