**CONFIDENTIAL**

**PARENTAL CONSENT FORM [PARTICIPATION IN BOXING LEADER COURSE]**

**DATE OF COURSE: VENUE:**

**NOTE:**

*All our delivery coaches are qualified in Safeguarding Children & Young People, 1st Aid and holders of a current Enhanced level DBS Certificate*

**PARTICIPATING ATHLETE**

FULL NAME OF ATHLETE: DOB:

HOME ADDRESS:

ENGLAND BOXING CLUB [IF ANY] : STATUS IN CLUB [VOL / BOXER etc]

**PARENT / GUARDIAN**

FULL NAME OF PARENT / GUARDIAN: RELATIONSHIP:

HOME ADDRESS:

CONTACT NUMBERS ON COURSE DATE:

 [HOME}: [WORK]: [MB]:

**DETAILS OF ALTERNATIVE EMERGENCY CONTACT**

FULL NAME: RELATIONSHIP:

CONTACT ADDRESS:

CONTACT NUMBERS ON COURSE DATE:

**DETAILS OF FAMILY DOCTOR**

PRACTICE NAME AND ADDRESS:

NAME OF FAMILY GP: TEL NUMBER OF SURGERY:

NOTE: This course will not involve any ‘contact’ boxing activities other than supervised instruction on how to engage with a partner in ‘pad work’. The course is not strenuous however, please outline below any factors regarding your child / young persons’ health which our delivery coach should be aware of.

PLEASE SET OUT DETAILS IF APPROPRIATE:

**TRANSPORT**

Whilst it is expected that transportation to and from the venue will be attended to by yourself, are there any issues regarding ‘pick up’ that we should be aware of ?

PLEASE DETAIL ANY ISSUES IF APPROPRIATE:

**DECLARATION**

**DECLARATION BY PARENT / GUARDIAN**

I agree to [Name]**:** participating the Boxing Leader course.

* Please outline any medication which the athlete is required to take including frequency

**=**

* Indicate if you wish a supervising adult to administer this medication YES / NO
* Indicate any dietary requirements of the athlete

**=**

* Indicate any cultural requirements the athlete may have:

**=**

* Does the athlete have any allergies YES / NO

If YES please describe:

* Does the athlete have any contagious diseases YES / NO

If YES please describe:

* When did the athlete last have a Tetanus Injection DATE:

*Please inform the Administrator at the offices of the National Police Community Trust / Police Community Clubs of Great Britain if this medical information changes in any way prior to the trip*

*NPCT & PCCGB CONTACT DETAILS:*

*E:* *admin@policecommunityclubs.org* *T: 01202 768758 MB: 0777 6393538*

***FULL NAME OF PARENT OR GUARDIAN: RELATIONSHIP:***

*USE BLOCK CAPITALS PLEASE*

***SIGNATURE: DATE:***