



Parental Consent Form

I confirm that I _____ am the parent/legal guardian (delete as appropriate)

of _____.

I hereby consent to the above child participating in the Teen Gym activities of Stocksbridge Community Leisure Centre.

I have provided contact details below and agree to inform the Centre of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child to participate in all sporting activities in the Centre.

I confirm that I have read the Centre's Child Protection Policy and undertake to abide by the obligations which it imposes on me as the parent/legal guardian (delete as appropriate) of the above-named child.

I acknowledge that the club is not responsible for providing adult supervision for my child except as set out in Centre's Child Protection Policy.

I confirm I have read and understood the Gym rules and code of conduct and will take responsibility if my child does not follow the specified rules and regulations for the safe use of equipment in the Centre.

Name: *(please print)* _____

Signature _____

Contact Details

Name of Child _____

Parent/Guardian Address _____

Parent/Guardian Contact Phone No. _____

Emergency Contact Number _____

Photographic & Video Consent

I consent/do not consent (delete as appropriate) to the below mentioned child being included in any photographic or video material, in any publications, websites or social network applications which may be used for the purpose of documenting and highlighting their involvement in the Centre.

Child Name: _____

Child Age: _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

State Relationship to child: _____

Phone No. _____



Stocksbridge
Community
Leisure Centre

www.stocksbridgeclc.co.uk

0114 288 3792

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