



**Sports Services Outdoor Activity Programme 2016  
Parental Consent Form**

**ACTIVITIES: Outdoor Programme**  
**DATES: 5 to 7 July, Kayaking**   
 12 to 14 July, Climbing   
 2 to 4 Aug Mountain Biking   
 19 to 21 July Rock and Water   
 26 to 28 July Multi Activity   
 9 to 11 Aug Multi Activity   
**TIME: 10.00am – 4pm**

**PARTICIPANT INFORMATION**

**NAME** .....

**ADDRESS** .....

.....

**POSTCODE** .....

**PHONE NUMBER** .....

**E-MAIL** .....

**DATE OF BIRTH** .....

**SCHOOL NAME**.....

**YEAR GROUP**.....

**EMERGENCY CONTACT**

**NAME** .....

**RELATIONSHIP**.....

**PHONE NUMBER 1** .....

**PHONE NUMBER 2** .....

**DOCTOR'S DETAILS (in case of emergency)**

**NAME**.....

**ADDRESS**.....

.....

**PHONE NUMBER** .....

**MEDICAL INFORMATION**

**Does the participant suffer from any condition requiring medical treatment, including medication? \* YES / NO**  
**If YES please give details**

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**Please provide details of any medication that maybe required during the outing (all medication must be labelled correctly and clearly with name and dose)**

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**To your knowledge is the participant currently on any medication? \* YES / NO**  
**If YES please give details**

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**Is the participant disabled within the terms of the Disability Discrimination Act 1995? (\*Please note that a disability under the Act is either a mental or physical impairment and can include hidden conditions (e.g. asthma, epilepsy, diabetes etc) that is likely to last 12 months and affects everyday activities e.g. memory, mobility, speech, continence, concentration)\* YES / NO**  
**If YES please give details**

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**Is the participant allergic to any medication/ foodstuffs/ materials? \* YES / NO**  
**If YES please give details**

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**Has the participant received an anti-tetanus injection in the last five years? \* YES / NO**  
**If YES what year?**

**Please outline any special dietary requirements of the participant**

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## USING IMAGES OF CHILDREN

### LOCATION OF PHOTOGRAPH:

RENFREWSHIRE LEISURE SPORTS SERVICES may like to take photographs / make a video / webcam recording of the above named participant involved in the activity.

These images may appear in our printed publications or on our website.

**TO COMPLY WITH THE DATA PROTECTION ACT 1998, PERMISSION MUST BE GRANTED BY THE PARENT / GUARDIAN BEFORE ANY IMAGES OF THE NAMED PARTICIPANT ARE TAKEN AND USED, PLEASE ANSWER QUESTION 1 AND 2 BELOW, THEN SIGN AND DATE THE FORM.**

1. May we use the named participant's image in our printed promotional Publications? \* YES / NO
2. May we use the named participant's image on our website? \* YES / NO

*Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies*

I HAVE READ AND UNDERSTOOD THE CONDITIONS FOR USING THESE IMAGES DETAILED BELOW

SIGNED .....

RELATIONSHIP TO PARTICIPANT .....

### CONDITIONS OF USE OF IMAGES

1. Sports Services will not include details or full names (which means first name and surname) of any person in an image on our website, or in printed publications, without good reason and only with your expressed consent.
2. Sports Services will not include personal email or postal addresses, or telephone or fax numbers on our website or in printed publications. Contact details will be used only for the purpose of informing and communicating with the addressee.
3. Sports Services may use images with very general labels, such as "young people enjoying sport."
4. We will only use images of participants who are suitably dressed; to reduce the risk of such images being used inappropriately e.g. we will not publish material from a swimming activity.
5. Your consent is valid for 2 YEARS from the date of signing. It will automatically expire after this time.

### INFORMATION

Renfrewshire Leisure Sports Services may wish to inform you from time to time of special events, programmes or initiatives that are relevant to our activities.

Please tick this box if you do not wish to receive this information.

The use, processing and disclosure of your information are subject to the Data Protection Act 1998. I agree that Renfrewshire Leisure may use the information provided by me on this form to the extent that it is personal data or sensitive personal data for the following purposes:-

- To create, maintain and update the Trusts records of the use made of the activities undertaken by Sports Services.
- To monitor the use of the services provided by Sports Services and assist planning development of future services.
- With my permission, advise me of special events, programmes or initiatives that are relevant to the activities of Renfrewshire Leisure Sports Services

### PARENTAL / GUARDIAN DECLARATION

I hereby authorise the participant referred to on this form permission to attend and participate in the named activities. I agree to the named participant receiving emergency medical treatment as considered necessary by the medical authorities present.

SIGNED ..... \* PARENT / GUARDIAN DATE .....

**For further information contact:  
Scott Macdonald, Sports Services on 041 842 3000**