

Name of Child



THE ENGLISH SHORT MAT BOWLING ASSOCIATION

Parent/Carer Consent Form for an Under 18 Bowls Player

The safety and welfare of children (under 18) in bowls is paramount. We encourage parents/carers to accompany children to formal and informal bowls events and activities. This additional supervision alongside that provided by bowls staff or volunteers is the best way to ensure they enjoy the sport. There may be occasions where parent/carer supervision is not possible and so it is important that we are aware of any illness, medical condition, learning difficulty or other relevant health details so that their best interests are addressed.

Please complete this form with our assurance that the information will be treated as confidential. It is the responsibility of the player and their parent/carer to notify the Club Welfare/Safeguarding Officer or Secretary if any of the details change at any time.

Date of Birth

Address
Name of Club and County
Contact Details of Parent/Carer:
Name: (Relationship to Child)
Emergency Contact No Email Address
Name: (Relationship to Child)
Emergency Contact No Email Address
I/we agree to any medical treatment that my child may need being given in an emergency Yes/No
I/we (Full name of Parent(s)/Carer(s))declare that
I am / we are the person(s) having parental responsibility of the above child.

In the interest of your child, it is essential to know whether he or she suffers from any illness or medical condition.
Please use this space to state, in confidence, any health or other matter concerning your child which the Club/County officials during bowls events/activities should be aware of, indicating any prescribed medication and the frequency of dosage.
Does your child have additional needs that we should be aware of because of a disability or communication difficulty.
Does your child have any specific dietary requirements?
Does your child have any allergies?
I/We agree that the medical information is correct, and agree to tell the team manager of any change.
I/We give permission for the responsible person at Club/County activities to give immediate necessary authority on my/our behalf for any emergency medical or surgical treatment recommended by recognised medical authorities, where it would be detrimental to my child's best interest for a delay to be incurred while seeking my/our personal consent.

Code of Conduct for Parent/Carer

I agree to always abide by the below code of conduct.

I Will :-

- Remember that bowls is FUN
- Applaud effort and good play as well as success
- Appreciate good play by the opposition
- Encourage all players to respect the opposition, umpire, and other bowls officials
- Offer encouragement at all times
- Respect the umpires decisions without question

I Will not:

- Enter onto the bowls playing area at any time
- Coach from the side but allow the assigned Coach/Team Manager to do their job
- Act in an offensive or insulting manner or use abusive language
- Show disrespect to the umpire or other bowl's match officials

Signature of Parent/Carer		
Signature of Parent/Carer		

Relationship to player	Date:
Code of Conduct for Junior Players	
I agree to always uphold this code of conduct.	
l Will:	
 disability, religious beliefs, sexual orientation report anything which worries you looking of speak out if you consider that you or others arrive on time and come ready to play, tell someone in authority if you are leaving 	d spectators regardless of their age, gender, ethnic background, on, social background, or physical characteristics, out for yourself and for the welfare of others, s have been poorly treated,
 take part in any irresponsible, abusive, inap consume alcohol, illegal or performance-en use foul language, act disrespectfully to others in the public do use social media inappropriately to offend of Use mobile devices whilst playing. 	hancing drugs, stimulants or smoke

Signature of Child _______ Date: __/ __ /__