## Tennis Leicestershire

## Annual Junior Consent and Emergency Contact Form:

**Your details (if U18 must be the parent/carer)**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address: |  | |
| Contact details: | Phone:  Mobile: | Email: |

**Details of the child / (if different)**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Date of birth: |  | |
| Address (if different from the parent/carer): |  | |
| Contact details (if different from the parent/carer): | Phone:  Mobile: | Email: |

**Details of the event/trip the child will be attending.**

|  |
| --- |
| Full details of any trip will be given in the invitation letter.  Linsey Richmond is our County Safeguarding Officer and can be contacted at any time on 07976 631483. |

**Activities**

|  |  |
| --- | --- |
| **I give permission for the child:** | |
| 1. Be involved in photography and/or filming. There may be an official photographer taking photographs for the LTA/Venue at the event and members of the Tennis Leicestershire team are likely to take photos or short videos of the team/members which will be posted on the Tennis Leicestershire Facebook /Instagram/twitter accounts. | Yes No |

## Medical/Disability History

|  |  |  |
| --- | --- | --- |
| **Does the child /adult have:** | | |
| Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of? | | Yes No |
| Any access needs? | | Yes No |
| Any religious or spiritual practices we should be aware of? | | Yes No |
| Any dietary needs we should be aware of? | | Yes No |
| Anything else which we should be aware of such as anxiety or other potential mental health issues? | | Yes No |
| If yes, please give details. |  | |
| Please provide full details e.g., time medication must be taken, if help is required to administer medication, etc. (Please use additional paper if required). |  | |

## Emergency Contact Details (if different from Parent/Carer above)

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Relationship to the child or adult: |  | |
| Address: |  | |
| Contact details: | Phone:  Mobile: | Email: |

## Second Emergency Contact Details (different from Parent/Carer)

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Relationship to the child or adult: |  | |
| Address: |  | |
| Contact details: | Phone:  Mobile: | Email: |

**Please read the following 2 items and discuss with your child. The player should sign to show they understand both at the bottom.**

## Social Media Statement

Tennis Leicestershire recognises the importance of social media for children and young people’s development. However, we recognise that relevant safeguards need to be put in place during any trip and/or competition to help keep children and young people safe whilst online or using social media.

We therefore ask that all parents/carers read through and discuss this statement with their child and then sign and return this form the County Cup Team Captain.

* I will be responsible for my behaviour when using the internet and social media, including the content I access and how I conduct myself.
* I will not deliberately create, browse or access material that could be considered offensive or illegal. If I accidentally come across any such material, I will report this to Linsey Richmond the County Safeguarding Officer 07976 631483
* I will not use social media or the internet to send anyone material that could be considered threatening, offensive, upsetting, bullying or illegal.
* I understand that all my use of internet and social media is potentially visible to everyone in the online world and that any issues involving my behaviour may be addressed by [insert name of event organiser / event safeguarding lead].
* I will not give out any of my personal information such as name, age, address or telephone number online.
* I will not share my passwords with anyone else.
* I will not arrange to meet someone that I have met online.
* I understand that these rules are designed to keep me safe and if they are not followed my parents/carers may be contacted.
* I will avoid using my mobile or smartphone during activities as I understand that it will have an impact on my safety and my opportunity to learn and achieve.
* I am aware that if I am experiencing bullying behaviour or abuse online, I can contact Linsey Richmond the County Safeguarding Officer 07976 631483
* I know I can also contact Childline on 0800 11 11 if I have any worries about something I’ve seen or experienced online.

Tennis Leicestershire Code of Conduct for County Team Players

Tennis Leicestershire expects that players representing the county should always show the highest levels of team spirit and personal behaviour during a competition. We want all players to enjoy their experience and play as well as they can.

Below are some important things we expect you to sign up to when representing the county.

1. Listen to your Team Captain and assistants and always follow their advice and instructions.
2. Treat all other team members with respect.
3. During play show support for your team by avoiding using mobile phones and socialising. Give your teammates energy and show your support.
4. Make sure you get enough rest to play your best by going to bed early and avoiding screens; mobile phones, tablets, and TV before going to bed.
5. Make sure you have enough food and water with you when you are playing.
6. Team meals are for socialising and building team spirit and mobile phones should not be used during meals (unless for the odd photo).
7. Any form of bullying of members of the team either verbally or on social media will be treated very seriously.
8. Any social media posts should be considered very carefully, and individuals are fully responsible for their posts.

I will follow the social media guidance and county code of conduct as a member of a county team, and I understand that breaking this code could result in being sent home.

|  |  |
| --- | --- |
| Child’s name: |  |
| Child’s signature: |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parent/carer of the above named child hereby give permission for the responsible adult to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.

## Confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of parent/carer or adult (print): |  | | Date |  |
| Signature: |  | | | |
| Consent valid for the following period. | **2024** |  | | |