

# PARENT CONSENT & CODE OF CONDUCT AGREEMENT

PLEASE WRITE CLEARLY IN INK

## Participant Details

OFFICE USE ONLY

Name of participant:

Address:

Contact telephone number  
including STD code:

Date of birth  
of participant:    \_\_\_ / \_\_\_ / \_\_\_  
                                  day        month        year

Postcode:

## Details of Person to Contact in an Emergency

Name:

What is the relationship with the participant  
e.g. Mother, Father,  
Grandparent, Carer.

Address if different from that already given:

Emergency contact number (s)  
Home:  
Work:  
Mobile:

## Medical Information

Please list any medical conditions, allergies or disabilities that we should be aware of. List any medication needed and ensure participants have correct medication and equipment with them. e.g. inhalers.

## Photographs

Occasionally photographs of our sessions may be taken by authorised staff for the purposes of general publicity on our websites, social media sites and publications.

Are you happy for your child/young person to be photographed for this purpose or as described:

Yes  No

## Keeping In Touch

We would like to send you information about our Pleasley Vale Outdoor Activity Centre and Extreme Wheels activities by email. If you agree to being contacted in this way, please tick the relevant boxes as preferred:

Email

Email address:

## Using Your Personal Information



The personal information provided will be used to register the participant for Pleasley Vale Outdoor Activity Centre and for associated contact purposes. We may also contact you by post or email occasionally to ask about the quality of our leisure service. If you have consented to receive information about Pleasley Vale Activity Centre then we will process your personal information for that purpose too. For more information on how we use personal information please go to our privacy statement on our website [www.bolsover.gov.uk](http://www.bolsover.gov.uk) or ask a member of staff. You can withdraw this consent at any time by contacting us at [pvoac@bolsover.gov.uk](mailto:pvoac@bolsover.gov.uk)

## Registration and Supervision

The Council does not accept responsibility for participants until they have been properly signed in. If at anytime during or following the session the participant decides to leave the venue/event, it will be beyond the councils control and therefore at the participates own choice.

## Behaviour

Once a session starts, and for the full duration of the session, only Council staff and course participants may enter the playing/coaching/activity area.

Family members may attend sessions as spectators, but they must not attempt to make contact with any child, or take any action to distract them, unless there is an emergency situation or they have been instructed to do so by coaching staff. Parents or legal guardians should likewise inform their children that they should not attempt to make any contact with family members during the session. Family members and participants should exercise the principles of fair play, tolerance and respect at all times.

The Council reserves the right to exclude or refuse admission to any participant from any course or session on the grounds of disruptive, discriminatory, offensive or violent behaviour or actions that may be considered to be a danger to themselves, staff or other participants.

We welcome your constructive comments about our sports and leisure sessions, either at the end of the session or by making an appointment with the coach/instructor at a convenient time.

## Child Protection

Bolsover District Council operates a Child Protection Policy, if you have any concerns about any of our sessions then please contact the Head of Leisure on 01246 593056 or email [enquiries@bolsover.gov.uk](mailto:enquiries@bolsover.gov.uk).

## Activities

Activities that are on offer: Canoeing, Kayaking, Bell Boating, Raft Building, Climbing, Abseiling, Orienteering, Bushcraft, Archery, KMXing, Caving, Weaselling, Problem Solving, Offsite Activities. Activities are subject to change without prior notice given.

## FOR SIGNATURE

### Declaration

I understand that in the event of an accident that the young person will receive medical treatment where deemed necessary by staff or emergency medical services. I understand that I will be contacted as soon as reasonably possible in the event of an emergency. I hereby give my permission for the young person to participate in the course/activity/session organised by BDC.

Print full name:

Signed:

Date: