

Title: Virtual Activity Consent For	m	
Date(s) of activity:		
Platform name:		
Reason for activity:		
Participant details		
Participants Name :		
Participants date of birth:		
Parent/carer contact details		
Name:		
Relationship to the Participant:		
Contact details	Email: Mobile:	
Emergency Contact details (if different)	Email: Mobile:	
Additional information		
Any extra support we need to provide:		
Is there anything else you think we		
should know?		
 Parents and carers should ensure a activity, and available in case of an suddenly 	ey notify us of any changes to the information athletes are supervised at all times during the emergency or in the event the activity needs	
I agree to I agree to my child taking part	•	
I consent to processing my, and my child's, data		
I agree to follow the Code of Conduct and any other rules that are put in place for this activity		
Athlete Name:		
Athlete signature:		

Date

Parent/guardian signature (if athlete u18)