Consent Form

Personal Details

Name of child/young person:	
Date of Birth:	
Gender:	
Name of parent / carer:	
Address:	
Mobile Tel No parent/carer:	
Email Address of parent/ carer:	
Emergency contact information:	
Name of alternative adult who can be contacted in an emergency:	
Relationship to child/young person:	
Mobile Tel No alternative adult:	

CONSENT (Please read carefully and delete where appropriate):

a) I agree to my son/ daughter to take part in bubble football/combat archery/google football/ goggle games, dodgeball, old school sports day or foot darts with NEbubblefootball.co.uk.
b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any illness/Injury or medical condition that could be affected during and after the activity.
c) I confirm my son/daughter will be wearing the relevant clothing required to take part in the event.
d) I understand and explained to my son/daughter the activity is a contact sports and injuries could occur and accept that these risks are acceptable for my son/daughter to take part in the event.
e) I understand and confirm that there is certain safety equipment that could be worn and it is my responsibility to provide this equipment to reduce the risk of injury for my son/daughter during and following the event.
f) I have read, understood and explained section 3 and 4 of the “Game” page on the website to my son/daughter.

g) I understand that bubble football/combat archery/google football/ goggle games, dodgeball, old school sports day or foot darts are contact sports and injuries may occur, I will not hold NEbubblefootball.co.uk or any other third party liable during such events under ANY circumstances.
h) I understand that NEbubblefootball.co.uk accept no responsibility for loss, damage or injury caused during/following attendance of the event
i) I give my consent that if an emergency medical situation arises, NEbubblefootball.co.uk may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.
j) I consent that if play has to stop due to unforeseen circumstances NEbubblefootball.co.uk reserve the right to end the session at their own discretion without a refund.
k) I accept and consent by signing this I waive the right to pursue any legal action against NEbubblefootball.co.uk during or following the scheduled event.
l) I consent and give permission to NEbubblefootball and its third parties to use images and videos taken of the scheduled event for promotional purposes.
m) I have read and fully understood this consent form and by signing this document agree for my son/daughter to take part in bubble football upholding the rules outlined in the safety briefing which will be given on the day of the event.

Print name child/young person:	
Signature of child/young person :	
Date:	
Print name parent / carer:	
Signature of parent / carer:	
Date:	

PLEASE NOTE:

You son/daughter must bring both pages of this document fully completed on the day of the event and hand this to the NEbubblefootball.co.uk staff member prior to the event taking place. Without these documents fully signed and completed your son/daughter will not be able to take part in the event and no refunds shall be given. These documents are for your child's safety and wellbeing and to protect NEbubblefootball.co.uk. Thank you for your time and understanding, we look forward to meeting you at the scheduled event.