## Live Streamed / Virtual Coaching Consent Form

| Day/date(s) of activity [if it is a regular |
| :--- |
| activity you could list the day of the week |
| and time it takes place]: |
| Livestreaming platform used: |
| Type of activity/what the child or young |
| person will be doing: |

Child details

| Name of child: |  |
| :--- | :--- |
| Child's date of birth: |  |
| Child's gender: |  |

Parent/carer contact details

| Name: |  |
| :--- | :--- |
| Relationship to the child: |  |
| Address: |  |
|  |  |
| Contact details: | Email: <br> Mobile: |

In an emergency, please contact (if different from the person named above)

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

## Additional information

Any extra help we need to provide (for
example because of a disability):
Do we need to know about any medical conditions or allergies? (If yes, please provide details of the condition(s) and any medication needed):
Is there anything else you think we should know?:

| Yes (please provide details) / No |
| :--- |
| Yes (please provide details) / No |
|  |
| Yes (please provide details) / No |

## Information for parents/carers

- All questions on the consent form must be completed and signed by the parent or carer before any child takes part.
- Parents and carers must ensure they notify us of any changes to the information given on the form.
- We cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Parents and carers should ensure children have sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.


## I agree to:

| My child taking part in the stated activity | Yes / No |
| :--- | :--- |
| [name of group/organisation] keeping a <br> record of this form for health and safety <br> reasons | Yes / No |
| My child following the behaviour code | Yes / No |
| and any safety rules so that [name of |  |
| group/organisation] can keep them safe |  |
| Name |  |
| E-signature |  |
| Date |  |

