



TAFF ROCKS

Open access consent form for children and young people in year 7 high school / aged 11 and over to attend without parent / guardian.

Taff Rocks Tuesday only

All questions on this form must be completed and signed by the parent / carer / guardian as well as the child / young person **before** they can take part in any activity provided by Taff Rocks.

1. Child / Young person's details

Name:	
Home address: Postcode:	
Telephone Number:	
Date of Birth:	

2. Parent / Carer / Guardian's details

Name:	
Home address: Postcode:	
Telephone Number:	
Relationship to young person:	

3. If there is an emergency, please contact (only fill in if different from above in #2)

Name:	
Home address: Postcode:	
Telephone Number:	
Relationship to young person:	

4. Do we need to know about any medical allergies or conditions?

If 'yes' please provide details, otherwise, enter 'None'

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Parent / Carer / Guardian (please tick):

I agree to:

- My child taking part in Taff Rocks Tuesday activities provided by Taff Rocks
- Taff Rocks keeping records of this form for health and safety
- Notifying Taff Rocks if anything on this form changes
- Making our own arrangements for children to be brought to and from the activity
- My child receiving any emergency medical treatment that they may need

I understand that the child / young person name in #1:

- May leave the activity before it finishes and can come and go as they wish
- Needs to follow the behaviour code and any safety rules so that they can be safe
- Taff Rocks cannot take responsibility for damaged clothing or personal items during the activity

I consent to:

- My child being photographed or filmed during the activity, with a possibility that these photographs / media recordings being used for publications or marketing materials. (Taff Rocks will take all steps to ensure that these images are used solely for the purposes for which they are intended.)

Note: *If consent is not given, Taff Rocks will not use any images taken during the activity.*

Signed: _____ Date: _____

Print name: _____ Relationship to child / young person: _____

Child / Young Person (please tick):

I agree to:

- Taking part in the activity
- Talk to a member of staff / volunteers if I am not comfortable at any time during the activity so they can help me or arrange for me to do something else
- Taff Rocks keeping a record of this form so they have the information they need to keep me safe during the activity
- Receiving any emergency medical treatment that I may need

I consent to:

- Being filmed or photographed during the activity. I understand that the photographs or film might be used to tell other people about what Taff Rocks does.

Note: *If I don't agree to this, Taff Rocks will not use any images of me.*

I understand that:

- Enjoying the activity and being safe means I need to follow the behaviour code and safety rules.

Signed: _____ Date: _____

Print name: _____