



# IWBA

## Parental/Guardians Consent Form

I give permission for .....to travel and participate in all activities/Events of the IWBA .....

**Designated Safeguarding Officer** .....

U18 Full Name:		
Address		
Home Tel No.		Parents Mobile No.
Date of Birth		Age
Additional Emergency contact	Name Relationship	Mobile number
GP/ Doctor's Name		Telephone No.
Details of any known special dietary requirement / allergies / medical conditions		
Any other special needs, requirements, directions, that would be helpful for the team manager to know about		

I will inform the coaches/designated safeguarding children officer of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above-named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that the Irish Bowling Association (IBA) have developed a Safeguarding Children Policy, Social Networking Policy and a Code of Conduct.**

IWBA is committed to ensuring that any information gathered in relation to above Junior player meets the specific responsibilities as set out in the Data Protection Act 2018.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the organised event or games.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately but also if there are any changes in circumstances that are relevant at home that we will inform the IWBA (for example illness or injury).

During the time your child will spend with us, photographs and/or video may be taken during IWBA related events and may be used in the promotion of the sport. If you are content with this, please tick the box -

On occasion live-streaming of IWBA related events may also be undertaken on social media platforms. If you are agreeable to this, please tick the box -

**Signature of Parent / Guardian\*** .....

**Print Name** .....

**Signature of Child**.....

**Date** .....

\* Parental consent is defined by the children (NI) Order 1995 Article 6 (i)  
Natural mother always has parental responsibility.  
Natural father gains parental responsibility;

- If married to the mother at the time of birth or subsequently marries her
- Through an agreement witnessed by solicitor or a Parental responsibility Order
- Post 15 April 2002 if they jointly register the baby's birth.



**IWBA**

## **Code of Conduct for Junior members**

**Young people are expected to:**

- Behave and listen to all instructions from the team manager.
- Respect officials and accept decisions.
- Show respect to other junior members/leaders and show team spirit.
- Respect opponents.
- Show appropriate loyalty and be gracious in winning or defeat.
- Not cheat or be violent/aggressive.
- Keep themselves safe at all times
- Not get involved in inappropriate peer pressure and push others into something they do not want to do.
- Refrain from the use of bad language or racial/sectarian references.
- Avoid bullying or making offensive remarks (including inappropriate use/abuse of social media or networking websites and mobile technology).
- Not consume alcohol (under 18 years).
- Not be involved in inappropriate behaviour.
- Refrain from taking illegal drugs or be involved with the use of illegal substances/activities.

IWBA reserves the right to discipline anyone who is in breach of this Code of Conduct.

I agree to abide by the above code of conduct:

Signed participant:.....

Parent/Guardian:.....

Date: .....