

# Aylesbury TeenRun

## Parental / Carer's Consent Form

**The Friends of Berrycroft (FoB) have partnered with Bearbrook Running & Triathlon Club (BRTC) to run Aylesbury TeenRun (ATR).** BRTC are providing English Athletics (EA) qualified Run Leaders who will be responsible for planning, managing and leading all ATR activities. BRTC's policies are published on its website ([Club Documents](#) | [Bearbrook Running & Triathlon Club](#)).

**BRTC requires all parents / carers to complete this Parental / Carer's Consent Form for any child / young person under the age of 18 who wishes to participate in ATR sessions.**

Please ensure all sections of the form are completed clearly and in full and handed to an ATR Run Leader or **emailed to the BRTC Secretary, Simon Griffiths at [aylesburyteenrun@gmail.com](mailto:aylesburyteenrun@gmail.com)** before your child / young person attends their first activity. BRTC cannot allow the child / young person to participate in a session until this form has been completed and submitted.

**If you have any queries about this form please email Simon Griffiths at [aylesburyteenrun@gmail.com](mailto:aylesburyteenrun@gmail.com) or speak to a Run Leader.**

### Child / Young Person Details

|               |  |
|---------------|--|
| First name    |  |
| Surname       |  |
| Gender        |  |
| Date of birth |  |
| Home address  |  |

### Medical information about your child / young person

Please read each question carefully and answer every question honestly, if answering yes, please give details:

| Medical notification                                                                           | Response    |
|------------------------------------------------------------------------------------------------|-------------|
| 1 Does your child have any pre-existing medical conditions?                                    | (Yes or No) |
| 2 Does your child have a respiratory condition?                                                | (Yes or No) |
| 3 When doing physical activity does your child experience any pain or tightness in your chest? | (Yes or No) |
| 4 Does your child lose balance or consciousness because of dizziness or light headedness?      | (Yes or No) |
| 5 Does your child have a joint or bone condition or problem?                                   | (Yes or No) |

| Medical notification                                 | Response         |
|------------------------------------------------------|------------------|
| 6 Is your child pregnant or post-partum?             | (Yes, No or N/A) |
| 7 Is your child allergic to any medication?          | (Yes or No)      |
| 8 When did your child last have a tetanus injection? |                  |

## Parent / Carer Details

The parent / carer will be contacted in case of queries / emergencies concerning the child / young person.

|                                                                         |  |
|-------------------------------------------------------------------------|--|
| First name                                                              |  |
| Surname                                                                 |  |
| Gender                                                                  |  |
| Date of birth                                                           |  |
| Home address (if same as child / young person, please state 'AS CHILD') |  |
| Email address                                                           |  |
| Home phone number                                                       |  |
| Mobile phone number                                                     |  |
| Work phone number                                                       |  |

## Details of Alternative Emergency Contact

|                                |  |
|--------------------------------|--|
| First name                     |  |
| Surname                        |  |
| Relationship to parent / carer |  |
| Contact phone number           |  |

## Photography / Recorded Images

BRTC recognises the need to ensure the welfare and safety of all children / young people participating in ATR activities. We will **not permit** any photographs, video, or other images of children / young people to be taken while participating in ATR activities for any reason.

## Parental / Carer's Consent

**Medical consent** – By signing this Parental / Carer's Consent Form you give BRTC your consent for your child / young person to be given medical treatment if required in accordance with the recommendation of a

suitable qualified medical practitioner. You also understand that in an emergency BRTC will take all reasonable steps to contact the next of kin identified on this form.

**Medical condition / notification** – As the parent / carer of the child / young person joining Aylesbury TeenRun and signing this Parental / Carer's Consent Form, you agree to inform a Run Leader of any significant changes in existing medical conditions or any new condition / injury that may impact on the child whilst participating in any activities provided through ATR.

**Data protection** – By signing this Parental / Carer's Consent Form you agree for BRTC to use your data for the sole purpose of supporting and managing your child's / young person's involvement in group activities provide through ATR; and to contact you on any ATR related matters.

**BRTC's Privacy Notice for Aylesbury TeenRun (ATR)** transparently and explicitly sets out what data we collect about you and your child /young person, why we collect that data, how we use it, who we share it with, how long we keep the data and what rights you have over your data. The Privacy Notice is available on BRTC's website and through the following link – [BRTC-ATR-Privacy-Notice.pdf](#). Please speak to an ATR Run Leader if you need a paper copy of the Privacy Notice.

|                                                                                                                                                                                                                                                            |  |      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|
| I agree to (child's / young person's name) _____ taking part in activities provided through Aylesbury TeenRun and organised by Bearbrook Running & Triathlon Club. I acknowledge the need for (child's / young person's name) _____ to behave responsibly. |  |      |  |
| Signed                                                                                                                                                                                                                                                     |  | Date |  |
| Full Name (Capitals)                                                                                                                                                                                                                                       |  |      |  |