



# PARENTAL CONSENT

It is necessary to provide parental consent for all players aged under 18 to take part in any Touch Switzerland activity. If you wish for your son/daughter to participate, then please complete the form, sign to provide parental consent and return to the Team Manager of your team.

PERSONAL DETAILS		
Name of participant	Name of parent/guardian and relationship to participant	Named parent/guardian/loco parentis in attendance at this event
Participant's date of birth		
Club representative	Telephone number of parent/guardian	Telephone number of parent/guardian/loco parentis in attendance
EMERGENCY CONTACT DETAILS		
Name of alternative adult	Telephone of alternative adult	Relationship to participant
MEDICAL INFORMATION		
<p><b>Please detail any previous or existing allergies, medical history, medication, injuries</b>            NB: All medications must be clearly labelled and available for administering as required. Asthma inhalers and Epi-pens must be carried by individuals and taken pitch side to each game.</p>		

CONSENT STATEMENTS		
I confirm that I have legal responsibility for the participant named above and that I am entitled to give this consent.		
Yes / No		
I confirm that to the best of my knowledge all information provided on this form is accurate, and that I will undertake to advise the Team Manager/club representative of any changes to this information.		
Yes / No		
I understand that Touch Switzerland accepts no responsibility for loss, damage or injury caused by or during participation in any of the activities.		
Yes / No		
I confirm that my minor child carries the relevant personal health and accident insurance. I am aware that Touch Switzerland does not provide any insurance for my minor child in respect of any activity undertaken or provided by Touch Switzerland.		
Yes / No		
I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment in case of injury or illness of my minor child and accept responsibility for the payment of any expenses to cover such transportation and/or treatment.		
Yes / No		
I understand that Touch Switzerland may take photographs/video footage during events. These images could be used in coaching resources, presented at coaches' education courses, placed on the Touch Switzerland website, or for general Touch Switzerland publicity purposes.		
Yes / No		
I understand that Touch Switzerland takes no responsibility for pictures/videos taken by third parties and shared via social media, club websites or for general public use.		
Yes / No		
Name of parent/guardian	Signature of parent/guardian	Date

**Data Protection and Confidentiality**

Any information provided on this form will be kept secure and confidential in accordance with the General Data Protection Regulation (GDPR) 2018. Touch Switzerland will use the information provided on this form for Coaching and Medical administration and for the purpose of contacting players and parents/guardians regarding other affiliated Touch activity. In the event of a medical issue or safeguarding concern arising, Touch Switzerland may disclose certain information to relevant personnel as required.