

DICKSBORO G.A.A. CLUB
Parental Consent



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In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

During the season Dicksboro club teams **may be photographed or filmed** for coaching purposes, or as part of match coverage in newspapers or for use on our club`s website or social media accounts. Such photographs will adhere to G.A.A. guidelines for use of photography and filming and should you object to your child being photographed or filmed please **INFORM** your team manager as part of this registration procedure.

I hereby consent to my child participating in the activities of Dicksboro G.A.A. Club in line with the Code of Ethics for Young People. I have received a copy of the **G.A.A. Code of Behaviour** and agree to abide with this and will encourage my child to do likewise.

I am aware that my child`s details will be entered on the **official G.A.A. Management System database** – this information will be used by the club and the G.A.A. for administration only. I confirm that all details are correct, and I give parental consent for my child to participate in and travel to all activities.