



Red Rose Artistic Roller-Skating Club

Welcome Pack

Please read all Policies on our website.

www.redroserollerskating.co.uk



PARENTAL CONSENT TO PARTICIPATE IN ARTISTIC ROLLER-SKATING ACTIVITIES

Private and confidential

All information will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 2018.

All parts of this form must be read and completed by parent/guardian and club official

Part A – CHILDS DETAILS

First Name: Middle Name/s:.....

Family Name:

Date of Birth: Gender: (Please state).

Parent/Guardian Name:

Address:

Post Code: N.B. The Postcode **MUST** be completed

Telephone Number:

Parent /Guardian Email

CLUB NAME – RED ROSE ROLLER SKATING CLUB

GB SKATE ARTISTIC DISCIPLINE – SOLO DANCE /COUPLES DANCE /FREE SKATING /FIGURES /PAIRS*

GB SKATE ARTISTIC LEVEL – PRIMARY /TOTS /MINI /ESPOIR /CADET/ YOUTH/JUNIOR*

PART B – MEDICAL INFORMATION ABOUT YOUR CHILD

ARE THERE ANY MEDICAL CONDITIONS THAT SHOULD BE KNOWN ABOUT FOR YOUR CHILD WHICH MAY AFFECT THEIR PARTICIPATION IN THE SPORT: **Y/N*** (IF YES PLEASE DETAIL BELOW)

.....
.....

IS YOUR CHILD PROVIDED WITH ANY SPECIAL MEDICATION OR EQUIPMENT FOR MEDICAL REASONS: **Y/N*** (IF YES PLEASE DETAIL BELOW)

.....
.....
.....



IS YOUR CHILD ALLERGIC TO ANY MEDICATION. PLASTERS OR DRESSINGS THAT YOU ARE AWARE OF: **Y/N*** (IF YES PLEASE DETAIL BELOW)

.....

I CONFIRM THAT ALL NECESSARY MEDICAL INFORMATION HAS BEEN BROUGHT TO THE ATTENTION OF A CLUB OFFICIAL:

NAME OF CLUB OFFICIAL:

SIGNED:

Date

PART C – PHOTOGRAPHY & SOCIAL MEDIA CONSENT

I/WE HEARBY GIVE PERMISSION FOR THE ABOVE-NAMED CHILD OR YOUNG PERSON TO PARTICIPATE IN THE SPORT OF ROLLER SKATING: **Y/N***

I/WE **DO GIVE /DO NOT GIVE*** CONSENT FOR PHOTOGRAPHIC /VIDEO IMAGES TO BE TAKEN OF THE ABOVE-NAMED CHILD OR YOUNG PERSON DURING SKATING SESSIONS OR AT SKATING COMPETITIONS. IF CONSENT IS GIVEN, I UNDERSTAND THAT IMAGES MAY BE USED ON SOCIAL MEDIA FOR BOTH THE ABOVE-NAMED CLUB AND BY GB SKATE ARTISTIC AND A FULL EXPLANATION OF THIS HAS BEEN GIVEN BY THE CLUB OFFICIAL NAMED BELOW: –

.....

I/WE UNDERSTAND THAT OTHER CLUBS AFFILIATED TO GB SKATE ARTISTIC MAY USE PHOTOS ON THEIR SOCIAL MEDIA AND AGREE THAT I/ WE RAISE ANY CONCERNS WITH THE SAFEGUARDING LEAD FOR THE ABOVE NAMED CLUB AND FOR THE OTHER AFFILIATED CLUB IF ANY OCCUR:

IF YOU DO NOT GIVE PERMISSION FOR THE ABOVE, PLEASE ADVISE THE CLUB SAFEGUARDING LEAD, SO THAT THIS CAN BE MANAGED AT CLUB/GB SKATE EVENTS BY THE CLUB OFFICIALS.

I CONFIRM THAT THIS INFORMATION HAS BEEN BROUGHT TO THE ATTENTION OF A CLUB OFFICIAL:

.....

NAME OF CLUB OFFICIAL:

SIGNED BY CLUB OFFICIAL: Date

I understand that I can change my consent at any time, by bringing this to the attention of a Club Official and submitted a new updated form with any required changes.

SIGNED BY PARENT /GUARDIAN: Date



GBSA guidance for competitive skaters and parents:

We would like to remind you of the following points in relation to social media and advertising:

- Photos/videos of skaters should be limited to the home club, but if you are posting a podium placing or drawn duo type event, please consider using only first names of skaters
- Try to avoid photos of skaters which contain other clubs' skaters in the background
- Excess or random posting of photos /videos of skaters/children not in the home club will not be accepted and should be brought to the attention of the GB Skate Safeguarding Team
- Remember that once a photo or video is posted online, you no longer have control over it. It can be used by anyone at any time, so consider your social media settings and what you post on open pages, and what you post on closed pages.



www.fars.co.uk

RED ROSE ROLLER SKATING CLUB:

In addition to the above GBSA consent forms, the club requests that a parents be aware that occasionally your coach may need physical contact with a skater, for instance to correct posture or assist a body movement. There will be no physical contact in intimate areas.

I CONFIRM CONSENT FOR PHYSICAL CONTACT, when needed, as a method of training.

SIGNED BY PARENT/GUARDIAN: Date

Welcome to

