Lincolnshire Indoor Bowling Association
U18 Consent form

We are committed to safeguarding all those who participate in our sport, ensuring they can do so in a safe, positive and enjoyable environment. This form must be completed by a parent / guardian on behalf of all players aged under 18 participating in Lincolnshire Indoor Bowling Association events.

Players Name

Club

Date of Birth

Gender

Please detail any medical information that we should be aware of. Please note that if any routine medication needs to be administrated for a player U18 during the event by an adult, a parent or guardian must be available to do this.

Please detail any other information that we should be aware of.

Name of primary contact (The primary contact will receive all correspondence on behalf of the player and also be the first contact in case of emergency)

Relationship to Player

Phone Number

Email

Name of secondary contact (The secondary contact will be contacted should the primary contact not be available in case of emergency)

Secondary contact phone number

Photography Consent
I give permission for Lincolnshire Indoor Bowling Association to take photographs and / or video during the day of the above name player. I grant Lincolnshire Indoor Bowling Association full rights to use the images resulting from the photography / video filming. This may include the right to use them in printed and online publicity, social media, press releases and funding applications.

☐ Agree

☐ Disagree

Name of person completing form