

# Consent Form



Season 2018 – 2019

PROJECT – For office use only

Foundation

## Personal details of participant

FORENAME(S):		SURNAME:	
DATE OF BIRTH:		AGE:	
SCHOOL:		SCHOOL YEAR:	

### Gender (Please tick)

- Male     Female     Other     Prefer not to say

### Ethnicity (Please tick)

This information is for the purposes of monitoring and promoting equality of opportunity

- |   |   |
|---|---|
| <input type="checkbox"/> White – British                    | <input type="checkbox"/> Asian or Asian British – Indian      |
| <input type="checkbox"/> White – Irish                      | <input type="checkbox"/> Asian or Asian British – Pakistani   |
| <input type="checkbox"/> White – Other                      | <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> Mixed White – Black Caribbean      | <input type="checkbox"/> Asian or Asian British – Chinese     |
| <input type="checkbox"/> Mixed White – Black African        | <input type="checkbox"/> Asian or Asian British – Other       |
| <input type="checkbox"/> Mixed White – Asian                | <input type="checkbox"/> Gypsy or Irish Traveller             |
| <input type="checkbox"/> Mixed White – Other                | <input type="checkbox"/> Other Ethnic Group – Arab            |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> Prefer not to say                    |
| <input type="checkbox"/> Black or Black British – African   | <input type="checkbox"/> Other Ethnic Group (Please specify)  |
| <input type="checkbox"/> Black or Black British – Other     | .....   |

### Medical conditions (Please tick and provide details below)

- None  
 Asthma  
 Epilepsy  
 Diabetes  
 ADHD  
 Other (Please specify)

.....  
.....

- Allergies (Please specify)

.....

Please provide additional medical details below as required

.....  
.....

### Disability (Please tick)

- None  
 Deaf or hard of hearing  
 Blind or partially sighted  
 Physical disability - ambulant (I do not use a wheelchair)  
 Physical disability - wheelchair user  
 Learning disability (e.g. Down's Syndrome)  
 Learning difficulty (e.g. Dyslexia)  
 Long term illness  
 Other (please specify)

.....

Please provide additional disability details below if required

.....  
.....

### Medication (Please tick if required)

Is your child able to independently administer their medication? e.g. Inhalers or Insulin pens.     Yes     No

If no, please provide additional details below

.....  
.....

### Travelling alone/Accompanying person

Is your child able to walk home unaccompanied by an adult     Yes     No

If no, please specify up to three adults who will accompany them

NAME:	RELATIONSHIP TO PARTICIPANT:
NAME:	RELATIONSHIP TO PARTICIPANT:
NAME:	RELATIONSHIP TO PARTICIPANT:

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## Terms and Conditions

The Foundation explicitly excludes any and all liability other than that which cannot be excluded by law.

## Image consent

Occasionally we may take photographs and film footage for marketing and publicity purposes. In this instance we will own all rights of such images and footage and we are entitled to use them (and allow others to use them) for any purpose provided that such use does not harm the reputation of the relevant individual whose image is used.

All such materials may be shared within the Group and/or with our partners and will be held and used in accordance with Manchester United Foundation Privacy Policy : [www.mufoundation.org/privacypolicy](http://www.mufoundation.org/privacypolicy). As part of our safeguarding policy we may not be able to publish information of children who are subject to family, care or legal proceedings.

## Please tick the boxes below if you DO give permission for:

- The taking and/publication of images of myself (if over 18) or my child (if parent/guardian) as set out above.
- For myself (if over 18) or my child (if parent/guardian) to be interviewed and comments to be broadcast or used in promotional material as set out above.

## Newsletter

- Tick here if you would like to receive Manchester United Foundation's bi-monthly newsletter via email. We will use your personal data in accordance with our e-Privacy Policy. For more information and to view our full e-privacy policy visit [mufoundation.org/privacy](http://mufoundation.org/privacy)

## Safeguarding

Manchester United Foundation believes that it is always unacceptable for a child, young person or adults at risk to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

Manchester United Foundation's safeguarding policy is available to view online at [www.mufoundation.org/safeguarding](http://www.mufoundation.org/safeguarding)

## Contact details of parent/guardian (or participant if 18 or over)

NAME:	
RELATIONSHIP TO PARTICIPANT:	
ADDRESS:	
	EMAIL:
EMERGENCY CONTACT TEL. NUMBER:	

## Alternative emergency contacts

NAME:	RELATIONSHIP TO CHILD:
EMERGENCY CONTACT TEL. NUMBER:	
NAME:	RELATIONSHIP TO CHILD:
EMERGENCY CONTACT TEL. NUMBER:	

## Manchester United Foundation Data Protection Notice

Manchester United Foundation uses the information provided in this form to ensure that it has the necessary consent of each participant and their contact details and to administer and evaluate the relevant activity the participant is taking part in. As a condition of our funding it may be necessary to share limited personal information with our funders.

Manchester United Foundation's privacy policy can be read in full at [mufoundation.org/privacy](http://mufoundation.org/privacy).

Manchester United Foundation is registered as a Data Controller with the Information Commissioners Office, reference Z152354.

By signing below, I confirm that the person referred to in this form as the participant can take part in the activities arranged by Manchester United Foundation.

SIGNED (parent/guardian or participant if 18 or over) .....

PRINT NAME ..... DATE .....