



LSFA Parent/Guardian Consent form

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Personal information – child / young person			
Name			
Address			
Date of birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Are there any activities in which your child can not participate?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>	
Do you need any arrangements put in place to manage any specific requirements for your child's religious beliefs?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>	

Personal information – parent / carer	
Name	
Contact number(s)	
Email	

Emergency contact information			
Name of alternative adult to contact in an emergency		Relationship to child / young person	
Contact number(s) of alternative adult			

Medical information		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler)		
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Do they have any allergies?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Are there any dietary requirements (including vegan / vegetarian)?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>

I confirm my registration – child / young person	
Signature	
Print name	
Today's date	

Declaration of consent – parent / carer	
Please tick the boxes below and then sign this form.	
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the organisation / club may act <i>in loco parentis</i> for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.
<input type="checkbox"/>	I confirm that I have read, or been made aware of, the organisation's: <ul style="list-style-type: none"> • codes of conduct for parents, coaches and children • transport policy • changing-room policy • policies on photography, videoing, texting and use of social media.
<input type="checkbox"/>	I confirm that my child is aware of the Lagos State Football Association code of conduct for children and its anti-bullying policy.
<input type="checkbox"/>	I confirm that I am happy for my child to take part in the closed camp activity.
Signature	
Print name	
Today's date	



LSFA Photography and filming consent form

In accordance with our safeguarding policy, we will not knowingly permit direct photographs, video or other images of young people to be taken without consent*. If the child is under 18, consent must be obtained from a parent/carer. *Due to the nature of the sport, young people may be indirectly being in the shot of a photo or video/livestream of an event.

Lagos State Football Association will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately.

Name of child		Age	
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Declaration of consent – parent/Guardian of child under 18

Please tick each box (or strike out what you do not consent to), then sign this form.

- I give permission for my child’s photograph to be used by the **Lagos State Football Association** for display purposes.
- I give permission for my child’s photograph to be used within other printed publications.
- I give permission for my child’s photograph to be used on the **Lagos State Football Association** website.
- I give permission for my child’s photograph to be used on the **Lagos State Football Association** social media channels.
- I give permission for video of my child to be used on the **Lagos State Football Association** website.
- I give permission for video of my child to be used on the **Lagos State Football Association** social media channels
- I give permission for video of my child to be used for training or analysis purposes and that the **Lagos State Football Association** may retaining the images indefinitely for future use.
- I confirm that I have read, or been made aware of, how these images or videos will be stored **Lagos State Football Association** .

Signature		Today’s date	
Print name			

Declaration of consent – child aged 18 or over

Please tick each box (or strike out what you do not consent to), then sign this form.

- I give permission for my photograph to be used by **Lagos State Football Association** for display purposes.
- I give permission for my photograph to be used by **Lagos State Football Association** within other printed publications.
- I give permission for my photograph to be used on **Lagos State Football Association** on its website.
- I give permission for my photograph to be used on **Lagos State Football Association** on its social media channels.
- I give permission for video of me to be used on the Association's website.
- I give permission for video of me to be used on the association's social media pages.
- I give permission for video of me to be used for training or analysis purposes and that the Association may retaining the images indefinitely for future use.
- I confirm that I have read, or been made aware of, how these images or videos will be stored within the organisation.

Signature		Today's date	
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