



# JBBA 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.

Name of child:

Date of birth:

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Name of parent/guardian:

Contact email:

Emergency contact number:

Any medical or other information we should be aware of: NO  If yes, please give details below:

## DECLARATION OF CONSENT - PARENT / GUARDIAN

I give my consent that if an emergency medical situation arises, the JBBA may act in loco parentis for administration of first aid and/or other medical treatment that in the opinion of a JBBA member may be necessary. I also understand that in such circumstances all reasonable steps will be taken.

I confirm that I have read, or been made aware of the JBBA's:

- codes of conduct for parents, coaches and children
- policies on photography, videoing, texting and use of social media
- JBBA's anti-bullying policy

If you are unsure, all information can be found at **[basketball.je](http://basketball.je)**

I confirm that I am happy for my child is to take part:

Signature:

Date: