



**PARENTAL CONSENT FORM**  
**TRIMDON COMMUNITY COLLEGE ASSOCIATION – TCCA**

**YOUTH FOOTBALL PROGRAMME SUMMER 2024**

Supported by Trimdon Parish Council, County Durham Community Foundation

All sessions are 10am until 2.00pm, led by coaches from Hartlepool United and supported by staff from TCCA.

The cost of each session will be £5 per day per child, lunch is an extra £2 per day per child.

**FILL EITHER Y/N IN THE ACCURATE COLUMN DEPENDING WHICH DAYS YOUR CHILD CAN ATTEND:**

DATE	VENUE/TIME	COST	Y/N	PAID
Tuesday 6 <sup>th</sup> August	TCCA, 10-2	£5 + £2		
Tuesday 13 <sup>th</sup> August	TCCA, 10-2	£5 + £2		
Tuesday 20 <sup>th</sup> August	TCCA, 10-2	£5 + £2		

**ADDITIONAL INFORMATION**

- Please send your child with suitable shoes and clothing for indoor and outdoor activities e.g., water proof coat, sunscreen and a hat if needed.
- Please do not bring your child and/or allow them to come to the center before 9:45am to give staff time to prepare and set up.
- Please ensure we have the most up to date contact number in case of emergencies.
- Please send your child with water/bottle.
- You will be given a two-week food menu for your child's lunch. Please ensure we have the correct information on your child's dietary requirements.



**To the Youth Leader/s**

I am willing to allow my child \_\_\_\_\_

Date of Birth \_\_\_\_\_

To take part in the sporting activities enlisted on the form.

- I have received and read information provided for me outlining the type of activities and I understand the purpose and nature of them.
- I understand that during the visit child will be under the supervision of the youth workers and/or coaches in charge, or under the supervision of a suitably qualified and experienced member of staff.
- I further consent to the giving of urgent medical or surgical treatment to my child as may prove necessary during the visit.

**Please list any medical conditions or prescribed medication you want the staff to be aware of.** (In special circumstances, you may wish to talk to the group leader prior to departure).

---

---

---

**Please indicate below if your child has any food allergies or intolerances. Please also let us know if there is food they will not eat.**

---

---

---

---

---

***I hereby undertake to indemnify TCCA Management Committee and their staff who will be in charge of the young people against any claims, damages, costs and expenses reasonably incurred by them on behalf of my child during the visit. This indemnity will not extend to any claims, damages, costs or expenses against the risk of which the above named, organization, or their staff in charge are entitled to be indemnified under any policy of insurance.***

Signed: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_

Address:

---

---

---

**Emergency Telephone Numbers (Day and Evening if different) If you do not have a phone please give the number of a friend or relative we could call in an emergency**

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_





## Photography Consent Form

We may take pictures / video of projects / activities as evidence for funding and to record the work. Please indicate below if you are happy for us to take pictures with your child in.

I give consent for my child's photograph / images to be taken and used by TCCA for publicity documents and publications.

Signed .....

Name .....

Address .....

Tel. No. ....

---

**I AM A LIVIN TENANT**

**YES/NO**