Hertfordshire Basketball League (HBL) Under 18s Consent Form

All Participants (under the age of 18) are, with consent, eligible to compete/participate in Senior Competitions / Higher Age Groups, subject to this Consent Form (this "Form") being completed, signed, and approved in advance.

HBL, take the safety and welfare of "Children" (all those under the age of 18) very seriously. Where Children are training and/or competing/officiating in games in Senior Competition/ Higher Age Group, HBL require parents, or other persons with legal responsibility to understand the inherent risks of "playing-up/involvement" – which for the purpose of this Form means training and/or competing in games outside of the Child's age-group competition in Senior Competition / Higher Age Groups.

By completing and signing this Form, parents, or other persons with legal responsibility, consent to the Child's participation in Senior Competition / Higher Age Group and to be bound by the terms set out in this Form.

Where a Child proposes to compete/officiate in Senior Competition / Higher Age Group, HBL agrees to undertake all reasonable steps to support the applicable club in risk assessing the Child's suitability to compete and to consider any additional safeguarding arrangements which need to be put in place.

There are two parts to this Form, to be completed by the Child and parent or other person with legal responsibility prior to the Child training and/or competing/officiating in a game in Senior Competition / Higher Age Group.

PART ONE (to be completed by the Child):

I, …… [print name], whose date of birth is …… wish to compete/officiate in Senior Competition / Higher Age Group.

I authorise …..... as my parent or other person with legal responsibility to provide HBL with any instructions, consent, information, and/or documentation required in relation to my participation in Senior Competition / Higher Age Group.

I have read this Form and understand, acknowledge, and accept the possible increased risk including injury risk associated with competing in Senior Competition / Higher Age Group, including, but not limited to, serious injury or permanent disability. Risks may arise out of contact and/or participation with other participants, spectators, equipment, field, facility, and/or fixed objects; falls, collisions, rough play, and other mishaps; exposure to adverse weather conditions; flaws and defects in equipment and facilities in which the activities take place.

Risks may be caused by my own actions, or inaction, the actions or inaction of other participants. Some risks cannot be predicted or controlled.

I acknowledge and agree that my participation is voluntary in nature, and it is my responsibility along with my parents or other persons with legal responsibility and the club to determine whether I have the physical abilities to safely participate in Senior Competition / Higher Age Group. I am certifying that I have not been advised to not participate by a qualified medical professional.

As part of this determination, I understand and acknowledge that HBL strongly recommends that I speak to the club's head coach and club welfare officer prior to training and/or competing in games in Senior Competition / Higher Age Group.

I understand that my parents or persons with legal responsibility must notify Basketball my club/HBL of any disability and/or medical condition, physical or mental, which could affect my ability to participate in Senior Competition / Higher Age Group safely.

If at any time I believe conditions or activities to be unsafe, or feel I am no longer in good enough health, or fit enough, to participate, I agree to immediately discontinue my participation.

I acknowledge and agree that I am voluntarily assuming the risk and any associated loss or damage arising from my participation in Senior Competition / Higher Age Group. I hereby waive and release HBL from any liability in respect of such loss or damage.

Name of Participant:
Date of Birth of Participant:
Address of Participant:
Telephone number of Participant:
Email Address of Participant:
Participation Age Group:
Club Name:
Emergency Contact Details:
Emergency contact details:
This data will only be used in case of an emergency

[Print First and Last Name]

[Indicate Relationship to Participant]

[Print Preferred Contact Telephone Number]

Participant's Signature:

Date:

PART TWO (to be completed by the parent or other person with legal responsibility):

I, ……. (print name) as the parent or other person with legal responsibility of …….. (Child's name) confirm that I am aware of the inherent risks, including injury risk associated with my Child's participation in Senior Competition / Higher Age Group which will also include consent for images/videos from games which may include clips/ stills of the U18 players / officials to be uploaded on clubs / leagues social media and promotional and educational purposes.

I have read this Form and understand, acknowledge and accept the possible increased risk including injury risk associated with my Child competing/officiating in Senior Competition / Higher Age Group.

I acknowledge and agree that it is my responsibility to work with the club and my Child to determine whether they have the physical abilities to safely participate in Senior Competition/ Higher Age Group. As part of this determination, I confirm that I have been fully informed of the inherent risks and that I, along with my Child, have discussed with the club, my Child's suitability to train and/or compete in games in Senior Competition / Higher Age Group.

I agree to notify the club and HBL of any disability and/or medical condition, physical or mental, which could affect my Child's ability to participate in Senior Competition / Higher Age Group safely.

I acknowledge and agree that I am voluntarily assuming the risk and any associated loss or damage arising from my Child's participation in Senior Competition / Higher Age Group. I hereby waive and release HBL from any liability in respect of such loss or damage.

I agree to inform the club's Welfare Officer if I am concerned about my Child's participation or experience in Senior Competition / Higher Age Group.

Name of Parent or Person with Legal Responsibility:
Relationship to the Participant:
Signature of Parent or Person with Legal
Responsibility:
Date:

Please return this form to Adam Sullivan-" addz_y2k@yahoo.com"

To be completed externally by the club representative:

I, ……. (print name) as the …….. (club representative's position) of…….. (name of club) confirm that I have

discussed with both the Child and their parent or other person with legal responsibility the inherent risks, including injury risk associated with the Child's participation in Senior Competition / Higher Age Group.

Club representative's name:
Club representative's signature:
Date: