

# UCD Athletic Union Council Parental & Child Consent for Sports Club Participation

Name of Student under 18 Years of Age: \_\_\_\_\_

Date of Birth of Student: \_\_\_\_\_

Student Number: \_\_\_\_\_

UCD Club: \_\_\_\_\_

I, the undersigned certify that I am the parent/ legal guardian of the above-mentioned student. I hereby authorize my child named above to register as a member and participate in the activities of the above named UCD Club. Such activities to include:

- on and off-campus training,
- away fixtures and training camps,
- overnight trips,
- committee meetings,
- social and fundraising activities.

The above named activities are to be undertaken in accordance with the clubs safety statement and policies and procedures of the AUC and the University.

Parent/Guardian Signature: \_\_\_\_\_

I understand that my child will be supervised by the club committee, club leaders and/or coaches for the duration of the sporting activity itself and where provided, transportation to/from said activity. However, the club committee, club leader and/or coaches will not supervise my child outside of these times, this includes but is not limited to social activities and supervision of accommodation when on away trips.

Parent/Guardian Signature: \_\_\_\_\_

Prior to the participation of my child, I acknowledge that there are certain risks associated with club activities, including, by way of example, physical injury due to activity related accidents, and physical injury due to transportation-related accidents, illness or in exceptional circumstances even death. Furthermore, in addition I acknowledge that there may be there risks inherent in these activities of which I may not be presently aware. Accordingly, I acknowledge that participation in such activities involves certain dangers and risks which may expose my child to hazards of bodily injury or property damage and which may result in my child being unable to contact me or be unable to receive immediate medical care and assistance if injury occurs.

Parent/Guardian Signature: \_\_\_\_\_

I hereby give the above named UCD club, UCD AUC, UCD Sport and the University the right and permission to photograph, digitally record, videotape or audio tape, my above named child while s/he is attending or participating in any club activity occurring on or off campus. I further agree that any or all of the material recorded may be used, in any form, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising or in similar ways, and that such use shall be without payment of fees, royalties, special credit or other compensation. I understand that all such recordings, in whatever medium shall remain the property of the University.

Parent/Guardian Signature: \_\_\_\_\_

I recognize that there may be occasions where the above named child may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. In the event that the club is unable to contact me or where there is a immediate risk to health, I authorize any club committee member, trip leader or coach to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care for my child.

Parent/Guardian Signature: \_\_\_\_\_