

# Achieving Goalz and Dreams

HAF No.: \_\_\_\_\_

## Registered Charity

A: 35 Foster Avenue, Cannock, Staffordshire, WS12 4HN

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E: [infoachievinggoalz@gmail.com](mailto:infoachievinggoalz@gmail.com)



## Consent to take and use images of participants

- ✓ Achieving Goalz and Dreams will only take and use images (photographs and videos) that are appropriate and are safe from misuse.
- ✓ Participants will be made aware of why their pictures are being taken and how they will be used.
- ✓ If an image of a participant is used, the participant's name will not be published. If a name is published, no image will be used without specific consent.

## Accident and injury awareness consent

- ✓ Achieving Goalz and Dreams do not accept any responsibility for any accident, injury or illness as a direct or indirect result of taking part in any activity that you have participated in.
- ✓ Achieving Goalz and Dreams will follow all relevant government guidelines covering COVID-19 and/or other pandemics, e.g. washing hands frequently, social distancing, not allowing persons to participate or join in with activities if they are displaying symptoms such as a high temperature, continuous dry cough, loss of smell or taste or any other symptoms identified by the government. It is the individual's, parent/guardian's responsibility to adhere to these rules.

## Medical history

Are there any injuries or illnesses that may affect your child taking part in our activities? E.g.: (please circle or provide details)

Asthma

Diabetes

Other: \_\_\_\_\_

## Every Child Matters

Please inform us if the young person is looked after and if there is any sensitive information you need to share. Any information shared is kept strictly confidential.

**Please note:** Achieving Goalz and Dreams will be running the 'Track and Trace' government initiative to support efforts to reduce the spread of COVID-19.

<b>Name of Participant:</b>	
<b>Participant's Date of Birth:</b>	
<b>Name of parent or legal guardian, address and telephone number (must be completed for participant under 16 in block capitals):</b>	Name:
	Address:
	Telephone number:
<b>Signature:</b>	
<b>Date (date/month/year):</b>	
<b>Social Worker Name, telephone number and email address:</b>	



Please read the information above carefully and sign to confirm you agree to all conditions. All information is confidential and will not be shared. Please provide two emergency contact details below:

Name: \_\_\_\_\_ Emergency Contact 1: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Contact 2: \_\_\_\_\_

Signature (parent/guardian signature required for under 16s):  
\_\_\_\_\_

