



Lancashire Aikikai

Child Protection Form 6

Additional information needed for young people below
18 years



Print in block capitals

Name of student: _____

To be completed by Parent, guardian or responsible adult

IF THE STUDENT IS UNDER 14 OR IF AN OLDER STUDENT WILL BE COLLECTED FROM CLASS

Names of all adults who may bring your child to aikido or collect from aikido including yourself

Name	Relationship	Address	Phone	*

If no one attends to collect your child at the end of the class – who should we contact? Tick in column marked *

I agree that my child can leave the aikido class unaccompanied. #

OR

I agree that my child will wait in the training room until picked up by one of the named people on this form. #

Delete one option leaving the option applicable that you want #

FOR ALL UNDER 18s

I confirm that if my child is injured during a class, I consent to the administration of first aid by a trained Aikido teacher, First Aider or helper. In an emergency or if you cannot be contacted within a reasonable time, I consent to my child being taken to hospital for treatment.

I confirm I've received a copy of an information sheet explaining child protection including contact details and phone numbers.

Lancashire Aikikai restricts photography to prevent intrusive and inappropriate images being obtained. On that basis I consent to photographs being taken in accordance with the policies.

The information you give above will be held by the club and will only be used by the Club & Aikikai and not given to external parties.

Signed _____

Relationship to Child or Young Person _____

Date of signature _____