

SCHOOL NAME:		COMPETITION ENTERED:	
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	Forename	Surname	DOB (e.g. 01/01/1991)	Academic Year	Gender	Photo Consent	SEND	Unique Pupil Number (e.g. A111222333444)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

PLEASE READ AND SIGN OVERLEAF



Please sign and date at the bottom of this page to confirm that the school has acquired the appropriate consent from the parent/ guardian and that all information provided at the time of completing this form is correct.

By ticking the boxes below you are confirming that you have received explicit consent permission from a parent/ guardian to provide the Dartford School Games Partnership and Kent Sport with:

BAME (black, Asian, and minority ethnic) information	<input type="checkbox"/>	SEND (special educational needs and disability) information	<input type="checkbox"/>
Photo consent for Dartford School Games Partnership and Kent Sport to use their child's images for promotional purposes including social media, printed publications, websites, promotional videos etc			<input type="checkbox"/>

If you do not have the required consent to supply BAME or SEND information, the inclusion of a Unique Pupil Number on the team sheet would be appreciated.

Team Managers and/or the designated responsible adult will, on the day of the event, have in their possession medical information, photography and parental/guardian consent and emergency contact details for each participant.

The information you have provided will help us better understand the participants of Kent School Games and improve our service through research. The information **will not be used to identify participants for other services**. For further details on how this information is used and stored please see our Kent School Games privacy notice available in the Event Docs section of our website - www.dartfordschoolgames.com/event-docs.

NAME:	<input type="text"/>	POSITION:	<input type="text"/>	DATE:	<input type="text"/>
SIGNATURE:	<input type="text"/>	EMAIL ADDRESS:	<input type="text"/>		