

**COMMUNITY GAMES
REGISTRATION AND CONSENT FORM for PARTICIPANTS**

Area: _____

PERSONAL DETAILS (this form can be completed for up to 3 children within the one family)

1. Participant's Name: _____

Date of Birth: dd ____/mm ____/yyyy ____

Gender: Male Female

2. Participant's Name: _____

Date of Birth: dd ____/mm ____/yyyy ____

Gender: Male Female

3. Participant's Name: _____

Date of Birth: dd ____/mm ____/yyyy ____

Gender: Male Female

Parent/Guardian's Name: _____

Telephone Number (Landline): _____

Telephone Number (Mobile) _____

Address: _____

Parent/Guardian's email: _____

CONSENT and CODE OF CONDUCT

- I agree to abide by the Community Games Code of Conduct, and the rules, policies and procedures of Community Games (for more information see www.communitygames.ie)
- I consent to my child participating in Community Games events
- I consent to my child's information being stored electronically for the purposes of registration, and only for such a period as is deemed necessary. Please refer to National Community Games Data Protection Policy at www.communitygames.ie
- I agree to my child being photographed or filmed in line with Community Games Filming and Photography Policy (for more information please see www.communitygames.ie)
- In the event of injury or illness I give my permission for my child to be given the appropriate medical attention

Please tick this box to confirm that you have read and accepted all of the above:

Each participant or a parent/guardian of a participant has the right to request in writing a copy of any personal data about the participant which is held and have amended any personal data which is incorrect, incomplete or misleading

Parent/Guardian's signature: _____ Date: dd ____/mm ____/yyyy ____

Area Secretary Signature _____ Date: dd ____/mm ____/yyyy ____