

PARENTAL/GUARDIAN RESPONSIBILITY AGREEMENT FOR UNDER-18s

1. EVENT DETAILS

**Required Fields*

*Event/Activity Name: _____

*Event Date: _____ *Event Location: _____

2. PLAYER INFORMATION

*Full Name of Child: _____ *Date of Birth: ____ / ____ / ____

*Gender: Male Female *Parent/Guardian Name: _____

*Emergency Contact Number: _____

3. PARENTAL RESPONSIBILITY AGREEMENT

By signing this form, I confirm that:

1. Supervision Requirement

- I understand that my child **must be accompanied by me (or a responsible adult designated by me) at all** times during this event.
- I take full responsibility for my child's safety, behaviour, and well-being throughout the event.

2. Safeguarding & Conduct

- I agree to ensure my child follows the **DDO Code of Conduct** and respects all participants.
- I will supervise my child to ensure appropriate behaviour and interactions with others, including adult players.

3. Medical Responsibility

- I confirm that I am responsible for any medical needs or first aid requirements my child may have.
- If an emergency occurs, I consent to **DDO staff** assisting in contacting emergency services.

4. Photography & Media Consent

- I consent / I do not consent to photographs/videos of my child being taken for DDO promotional use.

PARENT/GUARDIAN DECLARATION

I confirm that I have read and understood the above statements. I take full responsibility for my child's participation in this event and will remain with them (or appoint a responsible adult) for the duration.

*Parent/Guardian Name (Print): _____

*Signature: _____ *Date: ____ / ____ / ____

If another responsible adult will accompany your child, please provide their details:

*Name (Print): _____

*Relationship to Child: _____

*Contact Number: _____

This form must be completed before the event taking place.
Send this form to deafdartsorganisation@gmail.com

