COMMUNITY GAMES
REGISTRATION AND CONSENT FORM for PARTICIPANTS
TO BE RETAINED AT AREA LEVEL

Area: _____

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

1. Participant's Name:

   Date of Birth: _____/_____/_____

   Gender: Male [ ]   Female [ ]

2. Participant's Name:

   Date of Birth: _____/_____/_____

   Gender: Male [ ]   Female [ ]

3. Participant's Name:

   Date of Birth: _____/_____/_____

   Gender: Male [ ]   Female [ ]

Parent/Carer's Name: _____

Telephone Number (landline): _____

Telephone Number (mobile): _____

Address: _____

_____

Parent/Carer'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. By signing this consent form please note that your child's data may be shared with 3rd party service providers in line with our GDPR policy and to ensure running of events. Please refer to National Community Games Data Protection Policy at www.communitygames.ie/gdpr
- 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/carer 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/Carer's signature: _____   Date: _____/_____/_____

Area Secretary's signature: _____   Date: _____/_____/_____

This form is to be retained by the Local Area Secretary

Full GDPR Data Protection and Consent Notice

It is necessary for your local Community Games Area to collect and record certain personal data relating to each participant including – the participant's name, address and date of birth. We also require the telephone number and email address of their parents/guardians (if under 16).

The data pertaining to each participant will be used for management and administration purposes **only** and will be input onto National Community Games' secure Online Registration System (www.communitygames.info) and any other third parties to facilitate any service provided by your Area (for example: group email services such as MailChimp or group messaging services such as WhatsApp, Viber and BulkText).

Any persons receiving the information shall not use it for commercial purposes or release it to any party without prior approval and shall ensure that all devices with your data on it are secured by password and/or encrypted.

Community Games has a Photography and Filming Policy in place www.communitygames.ie/policies and reserves the right (in line with this policy and our Child Protection Policy) to publish game/match/race reports and any related imagery including photographs and video of each participant either in team or individual events in local or national print or electronic media. We will always seek individual consent if any of those images are chosen for campaigns with our title sponsor.

I consent to the use of personal details as set out above for such purposes as Community Games considers reasonable and appropriate and in line with the Community Games updated Privacy Statement www.commuitygames.ie/privacy-statement.

Parent/Guardian Name:_____
Signature:_____
Date: _____

Full Parental and Medical Notice

I hereby give my/son daughter permission take part in activities of their local Community Games Area. The coaches, managers, assistant coaches, helpers and volunteers have permission to act in place of the parent/guardian for the duration of supervised activities.

I agree that in the event of an accident during training, play or practice that in the first instance my child may be attended by his/her team manager/coach or volunteer. In the event of an accident during training/practice or play where medical care becomes necessary I authorise my local Community Games to sign on my behalf any written forms of consent - provided that the delay necessitated to contain my signature could endanger my son/daughter's health or safety.

Please state any medical conditions/medications/allergies or special requirements in relation to your child (this information will be held at local level only and on progressing to National Events will be held by the County Manager – it will not be input to the Online Registration System as it is a Special Category of Data).

Parent/Guardian Name:_____
Signature:_____
Date: _____