

## Lancashire Aikikai

## Safeguarding Form CP1 Additional information needed for young people below 18 years



Print in block capitals

N	lam		<b>∧</b> f	stu	ı	۵r	٠ 1٠
IV	ан	œ	OI.	SLU	IU		и.

Name of student:										
	DER 14 OR IF AN O	esponsible adult DLDER STUDENT WILL BE COLLECTED FROM CL nild to aikido or collect from aikido including you								
Name	Relationship	Address	Phone	*						
If no one	attends to collect y	your child at the end of the class – who should w	we contact? Tick in colur	nn marked *						
I agree that my c	hild can leave t	he aikido class unaccompanied. #								
OR										
	hild will wait in	the training room until picked up by o	ne of the named pe	ople						
on this form. #										
Dalata ana antia										
Delete one option	n leaving the	option applicable that you want #								
FOR ALL UNDER 18	 Bs									
I confirm that if my	y child is injure	d during a class, I consent to the adm	inistration of first ai	d by a						
trained Aikido teac	her, First Aider	or helper. In an emergency or if you	cannot be contacted							
reasonable time, I	consent to my	child being taken to hospital for treatr	nent.							
		our expectations, child protection, an								
emailed to you – u this to us.	sing the email	you have given. If you don't receive th	nis within the week	- mention						
	£		alv. ka muamaaka Aildia							
		time, take photographs and videos solution be published of those under 18. This								
		pody the British Aikido Board.	is within the policy	or use or						
Others may not tal	ke images to pr	event intrusive and inappropriate image	ges being obtained.	On that						
•		d videos being taken in accordance w	_							
The information yo	u give above w	rill be held by the club and will only be	used by the Club &	Aikikai						
and not given to ex	xternal parties.		-							
Signed			_							
_			_							
Relationship to Chi	ld or Young Por	rson								
•	ia or roung Per	JOII	_							
Date of signature			_							

Page 1 of 1 CP1 (Nov23)