** Parental Consent Form Template**

**LSP Name: Clare Sports Partnership**

**LSP Contact Person: Catherine Ryan**

**Workshop: Safeguarding 1**

**Date of Workshop:**

**Name of attendee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Declaration:**

I, *(insert name*) of *(insert address*) being the *(Parent/Guardian)* of *(name of attendee)* do hereby consent for *(name of attendee)* to attend and participate in a *(name of Safeguarding workshop)* on *(insert date of workshop)*.

**After signing this, please email it to** **cathy@claresports.ie**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Parent/Guardian)*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_