

## Rufforth Tennis Club - Transportation Guidelines

We advise that parents in the first instance are responsible for transporting their children to or from tennis venues for matches and events. It is reasonable to place responsibility on parents for ensuring appropriate transport arrangements are made.

Sometimes it may be necessary for coaches, club members or team captains to transport a number of children for team events or activities, such as an away match. In such a situation, the coach or team captain should ensure that:

- Parents are informed of the destination, reason for the journey and who the driver will be
- Parents complete, sign and return a Consent and Emergency Contact Form (see below). The coach or team captain should have a copy of this with them at all times
- There are two adults in the car
- Children are seated in the back of the vehicle at all times
- Children should be collected last and delivered home first on any journey to ensure that they aren't alone in the car with the driver at any time
- There is an established procedure in the event of a breakdown/emergency
- The driver has a valid UK driving licence, satisfactory DBS check (if applicable), correct insurance, MOT certificate and complies with laws on the use of seatbelts and restraints
- Rest breaks are taken every two hours of driving (if applicable)
- If transporting children in a mini-bus or bus, the driver must also have the correct type of licence

# Consent and Emergency Contact Form

## Your details (if U18 must be the parent/carer)

Name:		
Address:		
Contact details:	Phone:	Email:
	Mobile:	

## Details of the child / adult (if different):

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone:	Email:
	Mobile:	

## Details of the event/trip the child / adult will be attending:

### Activities

I give permission for the child / adult to:	
Be involved in photography and/or filming.	Yes No
Travel by any form of public transport or in a motor vehicle.	Yes No
Other (please detail)	Yes No

## Child / Adult Medical/Disability History

Does the child /adult have:	
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes No
Any access needs?	Yes No
Any religious or spiritual practices we should be aware of?	Yes No
Any dietary needs we should be aware of?	Yes No
Anything else which we should be aware of?	Yes No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use	

## Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone:	Email:
	Mobile:	

## Confirmation

Name of parent/carer or adult (print):		Date:	
Signature:			
Consent valid for the following period (please circle)	<b>This event only</b>	<b>1 year</b> <b>Other (please detail):</b>	
	<b>1 week</b> <b>1 month</b>		

