**Volunteer Patrol Member Consent Form (U18)**

This form needs to be completed by both the parent/guardian and the young person prior to taking part in any organised Club activity. Please complete the information below.

|  |  |
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| Club |  |
| Member’s name |  |
| Parent/guardian’s name |  |
| Emergency contact 1 |
| Name/relationship to member  |  |
| Contact number |  |
| Emergency contact 2 |
| Name/relationship to member |  |
| Contact number |  |

**Purpose of this document**

Due to the ongoing COVID-19 pandemic, SLSA Wales and associated Clubs have had to adapt its activities to ensure that where practically possible, the risks posed by Coronavirus are kept to a minimum. Although the Club will not be running ‘normal’ activities (i.e. organised training sessions or general use of the building and facilities by members) until further notice, it is our intention to provide the range of activities highlighted overleaf.

As such, Rhondda Cold Knap Lifeguard Club has put in place a number of procedures which all members must comply with in order to minimise the risk of spreading the virus. This includes access control to club facilities and equipment, hand washing and sanitising measures, and procedures to ensure that social distancing measures can be maintained whilst taking part in approved club activities.

We believe that the skills and knowledge that our younger members have gained throughout their time in the Club will be invaluable in supporting our volunteer activities this summer, however the safety and well-being of our members is always our priority.

Before we allow any member under the age of 18 to take part in volunteer activities on behalf of the Club, we ask that a parent/guardian provides written consent, based on the following training and procedures being in place before the young person commences Club activities.

**Overview of intended activities**

* Distribute leaflets, posters and signage around key beach access points
* Work in pairs along the beach front to provide socially distant face-to-face water safety messages
* Conduct surveillance of the water from the club building
* Patrol the beach and water’s edge, conducting preventative measures and perform assists/rescues as required
* Provide water-based patrols using rescue boards or powered craft

**What we will do to minimise the risk**

* PPE will be issued where appropriate (gloves, masks, hand sanitiser etc.)
* Appropriate hand washing and hand sanitising products will be made available throughout the building
* Safe use of toilet and kitchen facilities will be developed and shared as part of a volunteer induction
* COVID specific cleaning procedure will be developed and implemented throughout the building
* Social distancing measures will be enforced by patrol captain/senior responsible member
* Members will be temperature screened before the start of each patrol
* All members who wish to volunteer will receive appropriate training to minimise the risk posed by Coronavirus whilst taking part in club activities

**Consent information**

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| To be completed by parent/guardian:  |
| I give permission for my child to take part in one or more of the organised club activities listed above. I understand that a comprehensive training package will be delivered and that the measures listed above will be in place before my child volunteers. I am aware that if either I or my child are not comfortable with the activities they are taking part in, there is no pressure for them to continue. Should my child display COVID 19 symptoms at any time, they must not volunteer and should follow the relevant guidelines on self-isolating. If this is the case, I must inform the Club as soon as practically possible in order for contact tracing to be implemented.  |
| Parent/guardian name |  |
| Parent/guardian signature |  |
| Date |  |
| To be completed by young person: |
| I understand that prior to undertaking any voluntary activities I will receive appropriate training. I agree to follow all the procedures set out by the Club and will inform the Club if I have any COVID symptoms at any time.  |
| Member’s Name |  |
| Member’s signature |  |
| Date |  |