



UKIHF Parental Consent Form for Minors

Purpose of Consent Form:

This form is intended to obtain parental or guardian consent for minors (under 18) to participate in UK Inline Hockey Federation (UKIHF) leagues. Inline hockey is a contact sport and carries inherent risk of injury.

Please review the information below carefully before signing.

Player's Full Name:		Date of Birth:	
Address:			
Parent/Guardian Full Name:		Relationship to Player:	
Contact Number:		Email Address:	
Additional Emergency Contact Name:		Additional Emergency Contact No:	

Team and League Information

This consent form applies to the following team(s) and league(s) in which the minor will participate above their age group:

Team	Region & League	Age Group	Managers Signature

As the parent or legal guardian of the minor named above, I hereby give my permission for my child to participate in the UKIHF league(s) indicated

1. Inherent Risks of Participation:

I acknowledge that inline hockey is a contact sport, and participation involves inherent risks, including physical injuries. I have considered these factors in consenting to my child's participation.

2. Medical Fitness:

I confirm that my child is medically fit to participate in inline hockey and has received any necessary medical clearances to engage in a contact sport. I agree to inform UKIHF of any health conditions that could affect my child's ability to play.

3. Parental/Guardian Conduct and Restrictions:

I understand and agree to the following restrictions on parental/guardian conduct and involvement:

- No Entry onto Rink or Pad: Parents/guardians are not permitted to enter the playing rink or pad while games or practices are in progress.



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- No Interference with Officials or Referees: Parents/guardians may not address referees or other officials in a negative or abusive manner at any time. Any such conduct may result in disciplinary action.
 - Consequences of Misconduct: I understand that failure to adhere to these restrictions may lead to my child being ineligible to continue participation in the league or with the designated team(s).
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Declaration

By signing below, I confirm that:

- I am the parent or legal guardian of the minor named above.
 - I have read and fully understand the risks and conditions outlined in this form, including restrictions on parental/guardian conduct.
 - I voluntarily consent to my child's participation in the league(s) and accept responsibility for any associated risks.
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Parent/Guardian Signature:

Date:

For Official Use by UKIHF:

- Date Consent Received:
- UKIHF Representative Name:
- Signature:
- Approved or rejected: