



UKIHF Parental Consent Form for Minors Playing up to Higher Age Group Leagues

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 that are above their designated age group. Playing in a higher age group may involve participation with players who are older and physically more developed, which may increase certain risks.

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

Consent to Participate in Higher Age Group Leagues

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, which are above their designated age group. I acknowledge and agree to the following:

1. **Physical and Skill-Level Differences:**
I understand that higher age group leagues may include participants with greater physical strength, skill levels, and experience than typically found in my child's designated age group, increasing the potential risk of injury.
2. No special treatment will be given due to age.
3. **Inherent Risks of Participation:**
I acknowledge that inline hockey is a contact sport, and participation involves inherent



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risks, including physical injuries. I have considered these factors in consenting to my child's participation in a higher age group.

4. 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.

5. 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.
- 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).

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 higher age group league(s) and accept responsibility for any associated risks.

Parent/Guardian Signature:

Date:

For Official Use by UKIHF:

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