



Lancashire Aikikai  
Child Protection Form 8  
Helper's Consent Form



Print in block capitals

Name: \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to follow the Lancashire Aikikai's Child protection policy and procedures. I understand that as a result, information relating to:

- the injury by me of a child or young person at any time while attending the dojo
- a child or young person becoming distressed or sexually aroused in relation to me at any time while attending the dojo
- a child or young person misunderstanding or misinterpreting my actions at any time while attending the dojo
- not following best practise in respect my conduct and actions

May be disclosed to the British Aikido Board and/or the Lancashire Aikikai Child Protection Officer at any time.

Signed \_\_\_\_\_

Dated \_\_\_\_\_