

## Club Consent Form

Name:

Date of Birth:

Address:

Post Code:

Telephone Number:

Contact Address (if different to above):

Post Code:

Telephone Number (if different to above):

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I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance.

### Medical information

Any specific medical conditions requiring medical treatment and/or medication?

**Yes**

If Yes, give details:

**No**

Any allergies?

**Yes**

If Yes, give details:

**No**

Any contact with contagious or infectious diseases within the last four

weeks?

**Yes**

If Yes, give details:

**No**

Please provide any special dietary requirements and the type of pain/flu medication that may be given.

Signed \_\_\_\_\_ (Athlete) Date \_\_\_\_\_

*Parental Consent (to be signed for competitors under 18 years)*

I confirm that I have received the details of the above activity and consent to my child taking part in the visits and activities indicated. I acknowledge that the club will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child during the trip*. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent.

I have read the Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense.

I, \_\_\_\_\_ being parent/guardian of the above named child hereby give permission for the Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature

\_\_\_\_\_ (consent by parent/guardian)

Date

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