

SSC RACE TRAINING 2020

CONTACT DETAILS & MEDICAL INFORMATION AND PHOTOGRAPHY CONSENT

Personal Details

Athlete's name: _____ D.O.B: _____

Parent 1 name..... Mobile No.....

Address: _____ Home Tel; _____

_____ E-mail contact _____

Parent 2 name..... Mobile No.....

Address: _____ Home Tel; _____

_____ E-mail contact _____

Other emergency contact during training

Name: _____ Relationship _____

Mobile No _____

Medical Details

Does your child suffer, or has suffered from the following? (Please Tick if applicable)

	YES
Asthma	
Diabetes	
Epilepsy	
Joint/muscle problems	
Heart problems	
Dizziness/blackouts	
High/Low blood pressure	
Allergies	
Other	

Blood type, if known: _____

Please give details here of how this is likely to affect training:

If your child experiences symptoms of above condition is he/she able to deal with/administer medication by his/her self - or by responsible adult? Please specify.

Is your child on any medication that needs to be carried whilst training/racing? (i.e. Epi-Pen, Insulin Injections) Please specify.

Has your child had any surgery in the past 6 months? Please specify.

Has your child suffered from any injuries in the past 6 months? Please specify.

Do you know of any other factors or illness that may affect your child's training? Please specify.

Informed Consent (Disclaimer) – all to complete please.

Like all sports, ski training and racing is an activity which involves some risk. All participants and parents should be aware of this.

I _____ hereby acknowledge that I have completed the above on this understanding. I understand that the nature of the programme my son/daughter is going to undertake has been fully explained and the possible hazards detailed to my satisfaction. Whilst every care will be taken by the coaches to ensure their safety, I am aware that they will be taking part entirely at their own risk. The organisers will accept no liability for death, injury or accident, to participants in any circumstances while taking part in this training and racing.

In the event of an emergency I also consent to his/her receiving medical treatment, including anaesthetic, as considered necessary by medical authorities.

I confirm that the medical details provided are correct and up to date and will pass on any other relevant information.

I have read and understood this Disclaimer

Parent's signature _____ Date _____

We expect to video record training and racing runs for playback and analysis as part of the coaching process.

If you do **NOT** want your child to be filmed or photographed please tick the box and sign:

Signature _____