

SOUTH EAST JUNIOR REGIONAL SQUAD

ATHLETE

Full Name.....Date of Birth

Address.....

.....Postcode

E-mail contact address

BOF NumberSI / SIAC Number

NEXT OF KIN

Name

Relationship

Address

.....Postcode

Telephone numbers: LandlineMobile.....

Alternative MobileBelongs to.....

E-mail contact address

MEDICAL

Doctors Name

Surgery Address.....

.....Postcode

Telephone

Any medical disabilities, treatment, medication, allergies or any other relevant information?
(e.g. must carry inhaler at all times, takes tablets daily, hay fever sufferer etc.)

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Any special dietary requirements

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When did you last have a tetanus injection? Not known / more than 3 years ago / date

I consent to the participation of my son/daughter in squad activities, with the only exceptions given here: (eg “not swimming”, or “orienteering only”, or leave blank to consent to all tour activities)

I have ensured that my son/daughter understands the information regarding his/ her safety and that of the group, and that any rules and instructions given by staff will be followed immediately.

I undertake to inform the leader of any changes in his/ her medical health or fitness prior to further squad activities.

I am in agreement that those in charge may give permission, including written, for the participant mentioned above to receive medical/ dental treatment in an emergency.

*OPTIONAL - DELETE IF NOT DESIRED: I consent for those in charge to supply over-the-counter: paracetamol, anti-histamine (tablets or cream), sun cream, midge repellent, cough medicine, or moisturiser, to my son/daughter in non-emergency situations of perceived need, provided that my son/daughter also so consents at the time.

Signed (Parent / Guardian) Date
(Give relationship to participant if not parent)

I understand that for the groups and my own safety, I will undertake to follow the rules and instructions of the members of staff.

I understand that it remains my responsibility to supply, carry, and administer any necessary medication, and to tell the squad manager about any situation whereby my nutritional or medical needs are not being met.

Signed (Under 18) Date

During the squad activities video and photographs may be taken to provide valuable feedback to the athletes upon their performance and running style. Photographs will also be taken to record the squad activities and provide images for reports and publicity. Please sign below if you are happy for video and photographs to be used as stated above.

Athlete

During squad activities I give my consent to be photographed and videoed for feedback, reporting and publicity purposes.

Signed Date

Parent/Guardian

During squad activities I give my consent for my son/daughter to be photographed and videoed for feedback, reporting and publicity purposes.

Signed Date

I have read the South East Orienteering Association GDPR Policy and consent to my data / my child’s data being held securely as detailed in the policy. I consent to the Squad Management using my email addresses supplied above to keep me informed of squad activities.

Parent / Guardian / Over 16’s

Signed Date