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**Parental Consent Form for Non-Members Under 18 Years of Age**

*Thanet Athletics Club is open to everybody from school year 3 and over, regardless of ability, gender, race, ethnicity, religious belief, sexuality or social/economic status*

**Personal Details**

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| **Full Name:**  **D.o.B:**  **Gender:**  **School/College/University:**  **School Year:** | **Parent/Carer Name:**  **Address:**  **Postcode:**  **Phone No:**  **Email Address:** |

**Medical Details**

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| Please list any medical conditions we should be aware of (i.e. allergies, blood illnesses, breathlessness etc) |

**Parental Consent** *(for athletes under 18 years of age)*

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| --- | --- |
| Do you give consent for your child /client to be photographed/videoed during training sessions for publicity and club use | **YES/NO** |
| Do you give consent for the Club First Aider/a medical professional to administer first aid to your child/client whist they are in our care | **YES/NO** |
| Do you give consent for the Club First Aider to use a plaster on your child/client in case of minor cuts or wounds | **YES/NO** |
| Do you give consent for your child/client to leave the training venue to travel home on their own | **YES/NO** |

I declare that my child will not participate unless he/she is in good health and that he/she will participate at his/her own risk. I agree that a trained person can give first aid to my child if necessary. I the event that my child requires emergency treatment and the club is unable to contact me, I give consent for the club to approve the application of emergency treatment, including anaesthetic advised by the medical authorities for the wellbeing of my child

I accept that the club will not be liable for any loss or damage, action, claim, cost or expenses which may arise as a consequence of participation

Parent Name & Signature:

Date: