



Parent Consent Form

All sessions involving junior members are run under the guidance of coaches qualified to the appropriate BTF / triathlonScotland level

Please complete the following, sign and return it to Laura Sinclair, Knockburn Loch, Knockburn House, nr. Strachan, Banchory, AB31 6LL. All forms must be received before participation in the session.

Name of Child **Date of Birth**

Athletes TriathlonScotland membership / race licence no

Parent/ Guardian

Address:
..... Postcode

Tel (day): Tel (evening):

Mobile: e-mail:

Family Doctor **Doctor's Tel No**

Does your child suffer from any medical conditions/allergies that the club/ coach should be aware of (including any current medication)

Please provide details of medication that must be administered:

Further Information

Emergency contact details: (If different from above)

Name: Telephone no:

Relationship to child:

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities described.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.

Signed (Parent/ Guardian) Date: