**GBSA Parental Consent Form**

*April 2022 v1*

**Athlete Information**

Athlete Name……………………………………………………………………………………………….

Date of Birth………………………………………………………………………………………………...

**Parents/Guardian/Carers Information (will also be emergency contact)**

Name………………………………………………………………………………………………………..

Address……………………………………………………………………………………………………..

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Mobile Number……………………………………………………………………………………………..

Home Number……………………………………………………………………………………………...

Email Address……………………………………………………………………………………………...

**Athletes 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

Any dietary requirements, please specify

I have read the GBSA Code of Conduct and agree that I will abide by this and I understand that a serious or continued breach of this code may result in me being sent home early at my expense and may exclude me from future team/visits.

Signed……………………………………(Athlete) Date………………Parental Consent (to be signed for competitors under 18)

I confirm that I have received the details of the above activity (including Travel Arrangements) and consent to my child taking part in the visits and activities indicated. I acknowledge that GBSA will take all reasonable steps in their duty of care for my child during the trip and will only be liable in the event of any accident if they have failed to carry out this duty

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

This also may result in my being excluded on future team activities and visits.

I, ……………………………………………………………. Being parent/carer of the above named child hereby give permission for the group leader to give the necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child’s health. In the doctor’s medical opinion, for any delay to be incurred by seeking my personal or family consent.

Signature……………………………………………………..(consent by parent/guardian)

Print Name……………………………………………………

Date…………………………………………………………..

**This will be kept and used for all trips for the current season.**