

GBSA Partnership Code Form

April 2022 v1

Athlete Information

Name.....

Function within the team.....

Emergency Contact Information

Name.....

Address.....

Mobile Number.....

Home Number.....

Email Address.....

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



I have read the GBSA **Partnership Code** 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 dismissed from my duty to the team and may exclude my participation in future team/visits.

Signed.....Date.....(Coaches/staff must be over 18 years)

I confirm that I have received the details of the above activity (including Travel Arrangements) and consent to my being included in the visits and activities indicated

I have read the skater's code of conduct and agree to assist in the upholding of the contents. I also have read and understand the GBSA child protection policies. I understand that serious or continued breach of these codes or policy may result in my being excluded on future team activities and visits.

I, Being the above named person 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 health. In the doctor's medical opinion, for any delay to be incurred by seeking my personal or family consent.

Signature.....

Print Name.....

Date.....

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

