

BRITISH CHILDREN'S SKI TEAM

www.gbjuniorski.com

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CONSENT FORM

Re: _____ (Name of Athlete)

Date of birth: _____

Passport number: _____

Race Camp –

Dates –

Name(s) of parent(s)/guardian:

I/we agree to my/our child's participation on this trip and have read the information given. I/we accept the risk assessment as stated. I/we agree to his/her participation in all the activities planned. I/we acknowledge the need for responsible behaviour on his/her part.

I/we certify that we give permission to the coaches/managers on this trip to take all measures necessary to care for my/our child during the course of the trip. I/we also agree to my child being transported, if necessary, in other parents' or volunteers' cars under the direction of the Manager.

In case of illness or injury the coaches/managers may give the necessary consents for treatment (including anaesthetic and blood transfusion) by appropriate personnel, as *in loco parentis*, in case of medical, dental or surgical emergency.

The Manager will make every effort to contact you if such an eventuality arises, and to this end, please enter your contact details for the duration of the trip below.

Please print your name: _____

Signed:

Relationship to athlete:

Date:

Full address:

Telephone number (daytime) _____

(evening) _____

(mobile) _____

Fax:

E-Mail:

Family Doctor:

Name:

Address:

Telephone Number: