

Snowsport GB

CONSENT FORM for FITNESS TESTS

Re: _____ (Name of Athlete)

Date of birth: _____

Fitness Tests _____

Dates _____

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

I/we agree to my/our child's participation in the above event and have read the information given. I/we agree to his/her participation in all the activities planned including but not limited to competitions, other sporting activities and fitness tests. I/we acknowledge the need for responsible behaviour on his/her part.

I/we certify that we give permission to the coaches/managers to take all measures necessary to care for my/our child during the course of the event. 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.

Staff 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 event below.

I/we further understand that I/we should declare any medical history that may be relevant to the fitness testing, and to that end list below significant medical history, allergies and all medication currently being taken by the athlete. I/we are not aware of any medical reason why our son/daughter/ward should not undertake the fitness tests as described.

Significant medical history (including dates):

Allergies:

Current medication:

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: