

Hastings & District Canoe Club - Paddlesport Consent Form for under 18

PLEASE NOTE: THERE ARE TWO PAGES TO THIS FORM AND BOTH MUST BE COMPLETED IN FULL AND SIGNED ON PAGE 2.

Name of Participant..... Date of Birth

If your responsible adult is not going to be at any of the club events courses, trips, courses, (although we are not a baby sitting service and would like the responsible adult to be there), Please make sure you let the person in charge of your child know the emergency contact details.

PLEASE PRINT IN CAPITAL LETTERS

Name of parent/carer: (if under 18)	Emergency contact Name:
Relationship to participant: (if under 18)	Relationship to participant:
Home address:	Address:
Post Code	Post Code:
Tel home:	Tel home:
Mobile:	Mobile:
Description of Activity Requiring Consent: Kayaking, Canoeing, Sup paddling. Courses. Canoe Club Trips.	

Declaration

- I have had the activities explained and agree to my son/ my daughter to participate in the activities/ event/ course.
- I consent that photographs or video taken by authorised personnel of my son/ my daughter at British Canoeing or club events may be used to promote Paddlesport and help improve performance. **Please circle if No**
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm to the best of my knowledge that my son/ my daughter does not suffer from any medical condition other than those declared on page 2.
- I understand that Hastings Canoe Club is insured for its civil liabilities, as there is no personal accident cover for participants.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.
- I confirm that my son/ daughter are not subject to any court order prohibiting publication of their image.
- I know that this is an at risk sport, and that everything will be done to keep everyone safe.

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Medical Consent

It is important that the organising staff should know whether you / your child suffer from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning you/ your child of which we should be aware. Please also indicate if you/ your child is receiving any medication, with details and dosage, and/ or specific dietary requirements.

<p>Current Medical Conditions- Does your child suffer from:</p> <p>Allergies Yes / No Asthma Yes / No</p> <p>Epilepsy Yes / No Diabetes Yes / No</p> <p>Skin Conditions (e.g. Eczema) Yes / No</p> <p>Recurring Headaches Yes / No</p> <p>Other</p> <p>If you answered yes to any of the above please give details:</p> <p>Child's Doctor's Name.....</p> <p>Surgery Address</p> <p>.....</p> <p>.....</p> <p>Surgery Tel No.....</p>	<p>Does your child experience any conditions requiring medical treatment and/or medication? Yes / No</p> <p>If yes please give details:</p> <p>Condition:</p> <p>Medication:</p> <p>Method (e.g. injection, inhaler):</p> <p>Dosage and frequency:</p> <p>Please provide any other information we should know which could affect our ability to work with you/ your child effectively:</p> <p>Please detail type of pain / flu relief medication that may be given if necessary:</p>
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I consent to my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

- a) I give consent to **ANY** medical treatment to be provided in the event of an emergency
- b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify):

Signed:

Relationship to participant:

Please print your name:

Date: