

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
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?





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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......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.





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