



Lincoln Wellington AC Young Athlete Consent Form



This form must be completed for each athlete under the age of 18 - return completed forms to any LWAC committee member

ATHLETE DETAILS

Full Name..... Date of Birth

Address.....

Phone Number.....

Emergency Contact – Name & Number

Coach Group

HEALTH DETAILS

Does your child suffer from any medical condition (e.g. asthma, epilepsy, etc)? **YES / NO**

Does your child suffer from any other illness or injury (however trivial)? **YES / NO**

Is there anything else that LWAC should be aware of regarding your child? **YES / NO**

If yes to any question, please give details below including any current medication that he/she is taking. Please continue on a separate sheet if necessary.

PHOTOGRAPHS

Do you give permission for LWAC to take photographs of your son/daughter at athletics events and use them on the LWAC web site and other promotional material **YES / NO**

TRANSPORT

Hired transport will be provided to certain events during the year. If required, do you give your permission for your child to travel on this transport. (Limited space may be available for parents) **YES / NO**

Arrangements for children to travel to events in cars with other families, etc are solely the responsibility of the parent/guardian of the child.

DECLARATION

I agree that LWAC are only responsible for my son/daughter during training times (6.30pm to 7.30pm). I accept that it is my responsibility to deliver him/her to and collect him/her from the running track area at Yarborough Leisure Centre before and after each training session.

In the event that I cannot be contacted, I hereby give consent to any necessary medical treatment being administered to my son/daughter and authorise my child's team manager/coach to sign any documents required by the medical authorities.

Signed..... Parent/Guardian Date

Print Name.....