



CAMBRIDGE CANOE CLUB

PADDLESPOUT CONSENT FORM

PLEASE NOTE: THERE ARE TWO SIDES TO THIS FORM AND BOTH MUST BE COMPLETED

Participant's Name: _____

Date of Birth: _____

Please provide contact details so we can contact you about club matters relevant to the Participant and reach you in an emergency.

If there is an emergency, we will try to reach you first and then will try to reach the "Alternate Contact" if we cannot reach you.

IT IS YOUR RESPONSIBILITY TO INFORM US IF THERE ARE ANY CHANGES TO THE CONTACT DETAILS BELOW

Name of Contact Person:	Alternate Contact Person:
Relationship to Participant:	Relationship to Participant:
Home address:	Home address:
Postcode:	Postcode:
Contact telephone No.:	Contact telephone No.:

Declaration

- I have had the activities explained to me and consent to my child participating in the activities.
- I consent to photographs and videos of myself or my child being taken in the course of the activities and being used to help improve performance and to promote Paddlesport and the club. Photos may be included in the club's newsletter and website. **Please circle NO if you do not want wish you or your child to be photographed/videoed and verbally inform the coach in charge of the session.**
- I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those listed on page 2.
- I understand that if my child has any known behavioural issues that may affect his/her safety or the safety of others, I will inform the coach in charge of the session.
- I understand that there is no personal accident cover for participants under the club's insurance.
- I understand that the club accept no responsibility for loss, damage or injury caused by or during attendance of the activity/event except where such loss, damage or injury can be shown to result directly from the negligence of the club or organisers.
- I am responsible for completing this form accurately and including all details regarding my child 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 understand that my child may be excluded from participation in the activities if the coaches are concerned that his/her behaviour is a threat to his/her own safety or the safety of others. I will remain available to collect my child during the activity session in case of need, or designate another adult to be available if I cannot be available.



CAMBRIDGE CANOE CLUB PADDLESPORT CONSENT FORM

Medical Information and Consent

It is important that the organising staff should know whether your child suffers from any injury, illness or medical condition. Please use the space below to state in confidence any health or other matters concerning your child of which we should be aware. Please also indicate if 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 Diabetes Yes / No Epilepsy Yes / No</p> <p>Asthma Yes / No (If yes, does your child carry an inhaler? Yes / No)</p> <p>Recurring Headaches Yes / No</p> <p>Skin Conditions (e.g. eczema) Yes / No</p> <p>Other: _____</p> <p>If you answered yes to any of the above please give details:</p> <p>Does your child have any specific dietary needs: Yes / No</p> <p>Please specify if yes:</p>	<p>Does your child currently have any illness, medical conditions or injuries requiring medical treatment and/or medication? Yes / No</p> <p>If yes please give details:</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 your child effectively:</p>
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I consent to my child receiving appropriate first aid.

In a medical emergency, I consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. If there are specific medical treatments that you do NOT want to be given to your child, please state them here: _____.

Signed: _____

Relationship to Participant: _____

Name (printed): _____

Date: _____