 **JUNIOR CONSENT AND MEDICAL DECLARATION FORM**

**Junior’s details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Gender | [ ] Male [ ] Female [ ] Other |

**Swimming ability**

[ ]  I confirm that my child can swim 50 metres in light clothing

|  |
| --- |
| *It is essential that your child is a confident swimmer to be able to take part in Falcon activities. If you’ve any concerns about this, please note here and discuss with the coach running the session.* |

**Medical Conditions**

*Please give details of any medical conditions or disabilities that the coaches should be aware of, including any medication (e.g. inhaler, epi-pen). If none, please write “none”.*

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|  |

**Consent**

[ ]  I agree to my child taking part in kayaking/canoeing activities at Falcon Boat Club

[ ]  I consent to photos of my child taken by Falcon at club events to be used for coaching or local publicity

[ ]  I consent to my child receiving first aid and medical treatment which, in the opinion of a qualified medical practitioner, may be necessary

[ ]  I understand that Falcon accepts no responsibility for loss, damage or injury caused by or during attendance of any of the club’s organised activities except where such loss, damage or injury can be shown to result directly from the negligence of Falcon

|  |  |
| --- | --- |
| Name of person giving consent |  |
| Relationship to junior |  |
| Date |  |
| Email address |  |

**Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
|  | Main contact | Alternative contact |
| Name |  |  |
| Relationship to junior |  |  |
| Phone number |  |  |