

Club Trip Contact Details, medical information, emergency contact, consent and codes of conduct.

Name Trip		Date
Name Athlete		
Main Address -where you stay majority of the time.		Correspondence address (if different)
Home telephone	Mobile	
BC membership number		
Passport number	Passport expiry date (<u>please attach photocopy passport</u>)	
Emergency contacts, if under 18 one needs to be a parent/guardian.		
Contact 1		Contact 2
Address		Address
Home telephone		Home telephone
Mobile telephone		Mobile telephone
E-mail		E-mail
Medical Information		
Please detail any medical conditions including epilepsy, diabetes, asthma		
Please list all medications including dosage		
Do you have any allergies?		
Is there any other medical information we need to know?		

Do you have any dietary requirements?

Consent for medication

1. I give consent for ANY medical treatment to be provided in the event of an emergency

2. I give consent for any medical treatment to be provided EXCLUDING (please specify)

CONSENT - To be read by the parent or guardian, where an athlete is under the age of 18

I will ensure my child reads, fully understands and signs the Code of Conduct for NCC trips. If the rules are broken the athlete may be asked to leave the trip and be responsible for the costs involved in this.

I understand that this trip will involve one or more overnight stays under adult supervision.

I consent that photographs or video taken by authorised personnel of my child may be used to promote Paddlesport / NCC and help improve performance.

I confirm that my child is not subject to any court order prohibiting publication of their image.

I consent to my child travelling by any form of transport arranged or approved by the organisation and related to the specific activity/ event.

I agree to be at the pick-up/ drop-off point at the agreed time.

I consent to my son/ daughter receiving text/email messages from their coach/ support staff to advise of training and/or programme changes.

I agree that my child will be bound and comply with the anti-doping rules of British Canoeing and consent to urine or blood tests if required in accordance with procedures of UK anti-doping rules. More information available www.britishcanoeing.org.uk/competition/anti-doping-1

In signing below, I confirm that 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 and medical information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

Name Parent /Guardian

Signed Date.....