



**Club Trip Contact details Senior 2020 onwards.**

Name of Trip

Name of Athlete

Main Address

Home Telephone number

Mobile

First Emergency Contact Name ( should be a Parent or Carer)

First Emergency Contact Telephone

Second Emergency Contact Name

Second Emergency Contact Telephone

List any medical Conditions including epilepsy asthma diabetes etc

List any medications including dosage

Do you have any allergies?

Do you have any dietary requirements

Is there any other medical condition that we need to be aware of ?

What is your Travel Insurance company

What is the policy number and expiry date

What is the travel insurance emergency contact number

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

I will follow the Club Codes of Conduct.

I understand that I may be asked to leave the trip if I do not follow these.

I consent that photos/videos may be taken by authorised personnel to promote paddlesport and help improve performance.

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

I agree to be bound by the anti doping rules of British Canoeing.

I agree training camps have a zero alcohol policy.

Athlete's Signature

Dated