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| ***Consent form for participation in running activities.***  This form must be completed by the parent/carer of any child below the age of eighteen. Please return the form to [steve@eastkentcoaching.com](mailto:steve@eastkentcoaching.com) **at least 48 hours before** commencement of training.  **Part 1**  **Details of Child**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Family Name* |  | | | | |  |  |  |  |  | | *First Name* |  | | | | |  |  |  |  |  | | *Date of Birth* |  | | *Sex (M/F)* |  |   **Part 2**  **Details of Parent/carer \***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Full Name* |  | | | | |  |  |  |  |  | | *Relationship*  *to child* |  | | | | |  |  |  |  |  | | *Full Address* |  | | | | |  |  | | | | | *Telephone* |  | | | | |  |  | | | | | *Email address* |  | | | | |  |  | | | | |  |  | | | |   *\* If anyone else is authorised to collect your child, it is essential that you notify us* ***before*** *the session begins. Children will not be released into the custody of persons not specifically authorised.*  **Part 3**  **Medical Information**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Please tick (√ ) either YES or NO for each statement* |  | YES |  | NO | | *Does your child currently have any injury that may limit his/her participation in running activities of a similar intensity to school sports?* |  |  |  |  | |  |  |  |  |  | | *Does your child have any illness or other condition for which he/she is currently receiving prescription medication?* |  |  |  |  | |  |  |  |  |  | | *Does your child use an inhaler for asthma or any other respiratory ailment? (If answering ‘Yes’, please ensure it is available if required.)* |  |  |  |  | |  |  |  |  |  | | *Does your child have any allergies (such as hay fever) that may limit his/her participation in outdoor activities, seasonal or otherwise?* |  |  |  |  | |  |  |  |  |  | | *Are there any other factors that may cause your child anxiety if encountered in a normal outdoor environment (such as fear of dogs)?* |  |  |  |  | |  | | | | | | *If you have answered ‘Yes’ to any of the questions above, please provide any relevant details in the box below.* | | | | | |  | | | | |   **Part 4**  **Declaration**  I hereby consent to the child named above participating in running / athletic activities and declare that the information on this form is correct. I will inform East Kent Coaching immediately if any details change.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Name (please print)* |  | | | | |  |  |  |  |  | | *Signature* |  | | | | |  |  | | | | | *Date* |  | | | |   *www.eastkentcoaching.com*  steve@eastkentcoaching.com |