|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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 **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  |