



## ***SCOTTISH SKI CLUB ~ RACE TRAINING 2012***

### **CONSENT FORM AND CONTACT DETAILS**

#### **Personal Details**

Athlete's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

SSC Club Member YES \_\_\_\_\_ NO \_\_\_\_\_

Membership application submitted YES \_\_\_\_\_ NO \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Tel; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ E-mail contact \_\_\_\_\_

Name..... Mobile No.....

Name..... Mobile No.....

#### **Emergency contact during training**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Tel. No \_\_\_\_\_

#### **Medical Details**

Does your child suffer, or has suffered from the following? (Please Tick)

Yes    No

Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Joint/muscle problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness/blackouts	<input type="checkbox"/>	<input type="checkbox"/>
High/Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other		

Please give details here of how this is likely to affect training:

---

---

---

---

If your child experiences symptoms of above condition is he/she able to deal with/administer medication by his/her self - or by responsible adult? Please specify.

/over

---

---

---

---

Is your child on any medication that needs to be carried whilst training/racing? (i.e. Epi-Pen, Insulin Injections) Please specify.

---

---

---

---

Has your child had any surgery in the past 6 months? Please specify.

---

---

---

---

Has your child suffered from any injuries in the past 6 months? Please specify.

---

---

---

---

Do you know of any other factors or illness that may affect your child's training? Please specify.

---

---

---

---

## **Informed Consent (Disclaimer)**

**Like all sports, ski training and racing is an activity which involves some risk. All participants and parents should be aware of this.**

I \_\_\_\_\_ hereby acknowledge that I have completed the above questionnaire to the best of my knowledge. I understand that the nature of the programme my son/daughter is going to undertake has been fully explained and the possible hazards detailed to my satisfaction. Whilst every care will be taken by the staff to ensure their safety, I am aware that they will be taking part entirely at their own risk. The organisers will accept no liability for death, injury or accident, to participants in any circumstances while taking part in this training and racing.

In the event of an emergency I also consent to his/her receiving medical treatment, including anaesthetic, as considered necessary by medical authorities.

I confirm that the medical details provided are correct and up to date and will pass on any other relevant information.

I have read and understood the Disclaimer

Athlete's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

We expect to video record training and racing runs for playback and analysis as part of the coaching process.

If you do not want your child to be filmed or photographed please put a cross in the box and sign:

\_\_\_\_\_

**50% DEPOSIT CHEQUE ENCLOSED  
PAYABLE TO "SCOTTISH SKI CLUB"**

**Are you happy for your "Athletes Profile, Race Results & Ranking" to be displayed on the SSC Website? Y / N**

**Please return as soon as possible (and prior to Friday 16<sup>th</sup> December) to:**

**Craig Lamont,  
SSC Head Coach,  
49 Orchardhead Road,  
Edinburgh,  
EH16 6HS**

E: [rcoaching@scottishskiclub.org.uk](mailto:rcoaching@scottishskiclub.org.uk)

Tel: 07770 403 545