



## City of Plymouth Athletic Club

### Minors/Panthers Parental/Guardian Consent Form

My child is in good health and I consider him/her capable of taking part in athletics. I consent that, in the event of any illness/accident, any treatment can be administered to my child, which may include the use of anaesthetics which are necessary in the opinion of a medically qualified practitioner.

I understand that whilst the club/team personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any illness or injury nor any damage or loss of property suffered by my child.

Parents/guardians of athletes under 16 are also asked to ensure that the club is informed, in writing, if you do not wish your child's photograph to be used for publicity.

I undertake to ensure that my child is registered in when they arrive and to collect my child at 7.00pm for Panthers and 7.30pm for Minors from the track (summer) or sportshall (winter). The club and its coaches have no responsibility beyond the training times.

I undertake to inform club personnel, in writing, should any new medical condition arise after completion of this consent form.

#### Child's Details:

First Name:  Surname:  Date Of Birth:   
Address:  Post Code:

#### Medical Details:

Medical Information:

Any Other Relevant Information:  
(e.g. medical, dietary requirements)

Doctor's Name:  Doctor's Tel No:

#### Parent/Guardian Details:

Name:  (Please print)

Contact Details: Email Address:

Contact Name:  Contact Name:  Contact Name:

Tel No:  Tel No:  Tel No:

Parent/Guardian Signature:  Date: