



HASLEMERE BORDER ATHLETIC CLUB PARENTAL CONSENT FORM



We ask that a parent/carer should complete this form for our members who are under 16 years of age, even if they are already a member of Haslemere Border AC; these details are held (in confidence) by the Junior Coaching team should an emergency arise

SECTION A: ATHLETE NAME(S)

--

SECTION B: PARENT/CARER DETAILS

First Name		Surname	
Address			
	Postcode		
Telephone		Mobile Number	
Email Address			

One of the conditions of junior membership of Haslemere Border AC is that we ask parents /carers to help out at club events for a few hours each year. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you would be able to help at. If there is a specific area of expertise that you feel you can bring to the club, please also indicate below.

Helping at athletic meetings	<input type="checkbox"/>	Assisting Training	<input type="checkbox"/>
Refreshment area	<input type="checkbox"/>	Team management	<input type="checkbox"/>
Fund raising/Gibbet Hill 10k	<input type="checkbox"/>	Supervision of athletes	<input type="checkbox"/>
Facility/Equipment maintenance	<input type="checkbox"/>	Committee post	<input type="checkbox"/>
Website management	<input type="checkbox"/>	Helping Officials	<input type="checkbox"/>
Promotion and marketing	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

SECTION C: PARENTAL/CARER AGREEMENT

By returning this completed form, I agree:

1. To the named athletes taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to give or obtain urgent treatment which may be required whilst at representative club competition or training. I also give my consent to emergency treatment being given to the named athlete on this form by trained personnel, I have recorded below any medical information that may be needed such as allergies or other conditions that the coaches should be aware of

Medical info, if none, state 'none' or 'N/A'	
Signature	
Print Name	