

Junior Coaching Consent Form

Participant Details	
Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Medical conditions	<input type="text"/>
Medication	<input type="text"/>
Specific Needs	<input type="text"/>

Emergency Contact Details

Name	Contact Telephone Numbers		Relationship to Participant
	Telephone	Mobile	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parental/Guardian Consent

I give permission for my son/daughter to participate in triathlon coaching sessions under the instruction of a qualified coach.

- I understand and agree that my son/daughter participates in coaching sessions entirely at his/her own risk.
- I am satisfied that my son/daughter is sufficiently responsible and competent to assume full responsibility for his/her own safety under the supervision of a qualified coach.
- I understand that should my son/daughter have particular needs requiring additional support I may be asked to be present at coached sessions.
- I understand that my son/daughter is expected to follow the BRAT **'Code of Conduct'** and if s/he does not, s/he may be asked to leave the session, and possibly not allowed to return.

Participant

Signed: <input type="text"/>	Print: <input type="text"/>	Date: <input type="text"/>
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Parent

Signed: <input type="text"/>	Print: <input type="text"/>	Date: <input type="text"/>
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Please notify BRAT Club in the event of any changes to the above information.