

# ABSOLUTE TRIATHLON CLUB Parental Consent Form

We are very pleased to welcome you to **Absolute Triathlon Club**. You will be given a separate form to complete should you wish to become a full member of the club; the cost of membership is just £10 for the year.

<b>Childs Name:</b>	<b>Date of Birth:</b>
<b>Address:</b> _____	
<b>Post Code:</b> _____	
<b>Emergency Contact Name:</b>	<b>Emergency Contact No:</b>
<b>E-Mail:</b>	
<b>Gender:</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>How did you hear about the club?</b>	

## Medical information

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I am also confirming that my child can swim and can ride a bike.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

**Name of parent/carer:**

**Signature of parent/carer:**

**Today's Date:**

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