

**Academy of Combined Events**

**Parental Consent:** My child is in good health and I consider him/her capable of taking part in athletics training. I consent that in the event of any illness/accident, trained or qualified personnel can administer any necessary treatment, which may include the use of anaesthetics, to my child. I also understand that, whilst ACE will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury to my child.

Parent/Carer Name...../.....(Please print)

Signature of Parent/Carer..... Date ...../...../.....

**Pick up arrangements:** Training sessions will start promptly at 6pm and finish at 8pm. *At the end of the training session, if you want your child to return home on their own please sign below otherwise we will assume that you or a nominated person will collect them at 8pm.*

I consent for my *child* to return home on their own:

Signature of Parent/Carer..... Date ...../...../.....

If you have not signed above, at the end of the training, your *child* will be required to stay within the fence boundary of the track and they will not be allowed to leave the track area until picked by parent/carer named above. *(Please inform coaching staff of any changes).*

**Athlete's (child's) Details:**

Surname..... First Name.....

Address .....

Post Code..... Date of Birth.....

School..... School Year.....

Contact Tel No's: Daytime..... Evening..... Mobile.....

Medical information (eg Asthma, ADHD, allergies etc): *If you require more space please continue on the back of this sheet.*

Other relevant information (dietary, disability etc): *If you require more space please continue on the back of this sheet.*

Doctor's Name:..... Doctors Tel No .....

We may take digital photographs and/or video for training and/or promotional purposes. If you **do not want** photographs or video taken of your child please tick the box.  *Please tick*

**Email:** We are making every effort to manage costs and use technology more efficiently, if you are happy to receive emails from us such as Newsletters and information etc, please tick the box and leave a contact address. This **will not** be passed on to any other third party for any reason.

I am willing to accept email correspondence associated with ACE.  *Please tick*

Email address .....@.....

***Please read the relevant safety notice and ensure that your child is aware of the need for track safety.***