



Blackpool Aquatics Triathlon Squad

Membership Information and Consent Form

Personal Details

First name:		Surname:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth:	

Contact Details

Where a member is under 16 years of age this information must be for their Parent/Guardian

Name (Under 16s)				
Address:			Postcode:	
			Mobile:	
Home tel:				
Email:				

Emergency Contact Details

First name:		Surname:	
Relationship to member:		Home tel:	
Work tel:		Mobile:	

Note someone must be available on one of these numbers when a child is left at a club session, or an alternative number must be provided to the session leader during sign on.

If you have any questions regarding completion of this form please contact:

Alasdair Wearing 07971003412 alsadair.wearing@blackpool-aquatics-tri-squad.co.uk or

David Barnes 07968119683 blackpooltri@btinternet.com

Medical Information

Please give details of any medical or health conditions that might affect your participation in Triathlon and what support/modifications are needed.

Please list any medications you take on a regular basis.

Please give details of any specific needs that the coach should be aware of and what support/modifications are needed.

BATS Membership Declaration

There is no membership fee for BATS. Members of BATS must be full Members of Blackpool Aquatics ASC. Sessions must be paid for via the BAASC Standing order system.

Where a member is under 16 years of age this declaration must be made on their behalf by their Parent/Guardian

I certify that I am, and will remain a member of Blackpool Aquatics ASC and will pay the appropriate session fees by standing order. I understand that failure to do so will mean that I am not insured to participate in coaching sessions, and my membership of BATS will be terminated.

Name			
Signature:		Date:	

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Parental/guardian consent (Under 16s)

- You are giving consent for the child named below to participate in Triathlon coaching sessions conducted in a traffic-free environment (eg not on the public highway)
- Parent(s)/guardian(s) are welcome to stay and watch sessions, but this is not compulsory.
- Young members are expected to remain in the sessions from beginning to end, unless they have to leave early. If the member has to leave early or is being collected by someone other than the parent/guardian, the parent/guardian must advise the coach of the details of the arrangement, including who will be collecting the member.
- Any members who persistently misbehave or put others in danger will be asked to leave the sessions and will not be allowed to attend in future.
- It is the parent's/guardian's responsibility to ensure that his/her child's bike is in a safe condition to ride. All riders must wear a cycling helmet at all times during cycle coaching sessions.
- The club may from time to time photograph or video activity sessions for training or publicity reasons. Some of these images may be used on the clubs website or supplied to the local press for publicity purposes. Pictures will not be displayed on the website in such a way that individual children can be identified by name.

I, being the parent/guardian of the child identified below, have read the information on this form and in the following notes and give consent for my child to take part in the coaching sessions conducted in a traffic-free environment. I understand and agree that my son/daughter/child in my care, participates in coaching sessions under the instruction of club coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my son/daughter/child in my care. I am satisfied that they are sufficiently responsible and competent to assume full and entire responsibility for their own safety under the supervision of a club coach.

Please tick if you **do not** consent to your child being photographed during coaching sessions and pictures being placed on the clubs website and supplied to the local press (see note above).

Please ensure you make a note of any medical conditions your child has/you feel the coach should know about in Section 3 of this form. If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in the coaching sessions.

Child name:			
Parent/guardian signature:		Date:	

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