



# Stornoway Running and Athletics Club

## PARENT CONSENT FORM

All club sessions involving junior members are run under the guidance of coaches qualified to the appropriate level awarded by Scottish Athletics (UKA).

Please complete the following, sign and return to:

Iona MacTaggart 12 Garrabost Isle of Lewis HS2 0PY along with your membership form

Name of Child(ren) \_\_\_\_\_ Date(s) of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Tel (day) \_\_\_\_\_ (evening) \_\_\_\_\_

e-mai \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctors tel. \_\_\_\_\_

Does your child suffer from any medical conditions/allergies that the club/coach should be aware of (including any current medication)?

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### Emergency Contact details (If different from above)

Name \_\_\_\_\_ Tel \_\_\_\_\_

Relationship to child \_\_\_\_\_

### CONSENT

- I agree to my son/daughter taking part in the activities of the Club.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical conditions other than those listed.
- I consent to my son/daughter traveling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending, to any event in which the club is participating. I understand that the Club or Organiser accept no responsibility for loss, damage, or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers

Signed \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_