



CONSENT FORM HARTLEPOOL ATHLETICS CLUB

Name of person:.....
Date of Birth: / /
Email:.....
Address:.....
Emergency contact name and telephone number(s):.....
.....

Please check that you agree with the conditions outlined on the information sheet and complete the form (ticking the boxes as appropriate).

- 1. I have read the Information Sheet accompanying this form. (Also available at www.hartlepoolathletics.com)

- 2. I give permission for myself or my child to participate in Hartlepool Athletics training sessions

- 3. I give permission for the club to store my own or my child's contact details in a secure folder

- 4. I give permission for photographs to be taken of myself or my child for promotional purposes

MEDICAL DETAILS

Please inform us of any medical conditions / regular medication / allergies your or your child has and details of any special requirements they may need:

Please provide a full description of the condition / illness / medication. Please provide signs and symptoms and any special requirements / responses they may require

Participant or Parent / Guardian Name	Signature	Date