

Consent and Safety Information Sheet



Name of Child: _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Emergency Contact / Next of Kin Details: (so we can contact you in the event of an emergency)

Name: _____

Address (if different): _____

_____ Postcode: _____

Tel. No: _____ Mobile No: _____

In your child's interest, it is important that club coaches should know whether he or she has any relevant medical conditions or illness. Please give details of:

Relevant Medical Information: (Allergies, Asthma, Diabetes, epilepsy etc)

Relevant Medication:

Please note: Medical information is confidential and will only be available to Club Coaches and relevant Club Officials.

Name of Family Doctor: _____

Doctors Tel. No: _____

Canoeing and Kayaking are 'assumed risk' – 'water contact sports' that may carry attendant risks. Participants should be aware of and understand these risks, and be responsible for their own actions and involvement. Whilst every care is taken to ensure your safety during club activities, Halifax Canoe Club is not responsible for your safety or for loss or damage to property or equipment belonging to any individual.

Data Protection

By signing this form I agree to information being held by Halifax Canoe Club and used for club administration and to keep me informed of club activities. The club will not share your details with third parties without your permission.

Signed: _____ **Date:** _____

The following MUST be signed by Parent / Guardian for children / young people under 18

Whilst every care is taken to ensure your child's safety during canoeing activities, Halifax Canoe Club is not responsible for your child and the child's parent or guardian should at all times be on the river bank or in the vicinity of the activity.

I, the parent/guardian of the above named child agree to the child taking part in canoeing activities at Halifax Canoe Club, including training on placid and moving water.

I agree to the child receiving urgent medical attention if considered necessary by the supervising coaches / qualified medical practitioner.

Signed: _____ **Name:** _____

Relationship: _____ **Date:** _____