



JUNIOR ATHLETE INFORMATION

PLEASE TYPE or USE CLEAR BLOCK CAPITALS

Junior Athlete Full Name	Male / Female <i>Please circle one answer</i>
Current Address	Date of Birth Age <i>Day Month Year</i>
Phone	Mobile
Email	Today's Date
Medical History Information - please give details of any known allergies or medical conditions: <i>(use additional page if needed)</i>	
Doctor GP Name	GP Phone Number
Any other special needs, dietary requirements, instructions you feel we should be aware of:	

PARENTAL/GUARDIAN CONSENT

Parent Full Name	Male / Female <i>Please circle one answer</i>
Current Address	Email
Main Phone/Mobile	Alternative Phone/ Mobile
Relationship to Junior Athlete	Alternative Emergency Contact:
<p>1. Safeguarding Code I hereby consent to the above child participating in activities of the organisation in line with the Triathlon Ireland Safeguarding Code for Young People and Manual of Guidance. I will inform the leaders of all my child's activities and of any changes to the information above.</p> <p>2. Coaches I understand that while coaches and staff will take all reasonable precautions to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered while participating in a Triathlon Ireland event.</p> <p>3. Photographs/ Media I understand that photographs will be taken during or at sport events and may be used in promotion of sport. These photographs will only be used in keeping with Triathlon Ireland Safeguarding Code's "Guidelines on use of Photographic and Filming Equipment".</p> <p>4. Drug Testing (for elite players only) I give permission for my child to be tested for prohibited substances in accordance with the Irish Sports Council Anti Doping Rules and World Anti-Doping Agency Rules (where applicable).</p> <p>5. Medical I know of no reason, medical or otherwise, why the above named child should not participate in the activities involved. I have willingly supplied the contact and medical details above and consent that in the event of any illness/accident, any necessary treatment can be administered to my child. This may include the use of anaesthetics by trained personnel. I understand that every possible effort will be made to contact me first.</p>	
Parent Full Name	Signature Date
Junior Athlete Full Name	Signature Date