

→ Junior Athlete Parental/Guardian Consent

JUNIOR ATHLETE INFORMATION			
Junior Athlete Full Name:		Gender:	
TI Number:	Date of Birth:		Age:
Current Address:			
Medical History Information — please give details of any known allergies or medical conditions:			(use additional page if needed)
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:		
Current Address:		Email:
Main Phone/Mobile:		Alternative Phone/ Mobile:
Relationship to Junior Athlete:		Alternative Emergency Contact:
<p>1. Safeguarding I hereby consent to the above child participating in activities of the club in line with the Triathlon Ireland Safeguarding Policies. I will inform the leaders of all my child's activities so they may tailor sessions accordingly and of any changes to the information above.</p> <p>2. Code of Conduct I agree to the TI Code of Conduct for a) junior athletes or b) parents.</p> <p>3. 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</p>	<p>suffered while participating in a club session or event.</p> <p>4. Photographs/ Media I understand that photographs will be taken at club events and may be used in promotion of the sport. These photographs will only be used in keeping with Triathlon Ireland's Safeguarding policies.</p> <p>5. Social Media I agree to abide by Triathlon Ireland's Social Media policies.</p> <p>6. Anti Doping I understand that all athletes/members of Triathlon Ireland are subject to the Sport Ireland Anti Doping Rules and World Anti-Doping Agency Rules and are eligible for testing.</p>	<p>7. 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, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.</p>
Parent Full Name:	Signature	Date
Junior Athlete Full Name:	Signature	Date