

# F.A.R.S. Parental Consent Form

Skaters Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

Parents/Carers Contact Address (if different from above) N.B. if necessary please give any alternative contact address and telephone nos. \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Telephone Numbers (if different to above) \_\_\_\_\_

I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance.

## Skaters Medical Information

Any specific medical conditions requiring medical treatment and/or medication?

Yes If yes give details

No

Any Allergies?

Yes If yes give details

No

Any contact with contagious or infectious diseases within the last four weeks?

Yes If yes give details

No

Please detail any specific dietary requirements and the type of pain/flu relief medication that may be given if necessary

I have read the F.A.R.S. **Code of Conduct** and agree that I will abide by this and I understand that a serious or continued breach of this code may result in me being sent home early at my expense and may exclude me from future team/visits.

Signed.....(Skater)Date.....Parental Consent (to be signed for competitors under 18)

I confirm that I have received the details of the above activity (including Travel Arrangements) and consent to my child taking part in the visits and activities indicated. I acknowledge that FARS will take all reasonable steps in their duty of care for my child during the trip and will only be liable in the event of any accident if they have failed to carry out this duty

**I have read the Code of Conduct and agree that my child should abide by this whilst in the care of FARS and I understand that a serious or continued breach of this code may result in my child being sent home early at my expense. This also may result in my being excluded on future team activities and visits.**

I, ..... Being parent/carer of the above named child hereby give permission for the group leader to give the necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's health. In the doctor's medical opinion, for any delay to be incurred by seeking my personal or family consent.

Signature.....(consent by parent/guardian) Print Name..... Date.....

Event:..... Country:..... Duration of trip:.....