

# JR SKI RACING

## Pendle Summer Camp 2018

**13-17<sup>th</sup> August**

**Medical Form**

This form can be completed electronically and emailed back. If you would prefer to print it out and post, however, please do so.

<b>PARTICIPANT PERSONAL DETAILS</b>	
FORENAME: .....	SURNAME: .....
ADDRESS: .....	
	POSTCODE: .....
AGE: .....	DATE OF BIRTH: .....
CONTACT NO1: .....	CONTACT NO2: .....

<b>MEDICAL DETAILS – PRIVATE &amp; CONFIDENTIAL</b>
Are you allergic to any medicines/foods or drinks? .....
If yes, please list: .....
Please state any medication you regularly take or any medical condition we should be aware of: ..... .....

**AUTHORISATION OF MEDICAL ATTENTION** - Ski racing is an exciting and challenging sport involving technical competence, balance, coordination, timing and speed, therefore accidents and injuries can happen. If there is any injury or illness to your child, we shall make every endeavour to contact the parent/guardian, however where urgent medical attention is needed we might not be able to get hold of you quickly enough, therefore we ask you to complete and sign the section below.

I ..... (parent/guardian name) authorise the coaches for the Pendle Summer Camp to authorise medical treatment as advised by a medical practitioner in the event of an accident or illness to my child.

Please check the box if you agree to the above statement

Signed: .....

Date: .....