

WLCC 2016 NATIONAL SPRINT CHAMPIONSHIPS

Name of Athlete _____ Date of Birth ___/___/___

ATHLETE PHONE NUMBER _____ EMAIL _____

Agreement

- I agree to delegate my authority to supervising team manager. Team Manager may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of athletes as a group and individually.
- In the event of any serious misbehaviour on the part of my son/daughter, I understand that I will be contacted and will be responsible for any costs associated with my son/daughter's return.
- In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my son/daughter being transported to a hospital/medical/dental clinic or to an ambulance by a WLCC member/team manager in a private car.
- In the event of an accident or illness involving my son/daughter, and contact with me or the emergency contact being impossible or unsuccessful despite continued attempts, I authorize the team manager to consent to whatever emergency/critical medical or surgical treatment a registered medical practitioner considers urgent and necessary. I will pay all medical and dental expenses incurred on behalf of my son/daughter. Continued attempts to inform the parent or emergency contact will be undertaken in such circumstances until contact is made.
- I have provided all information necessary for the club to plan safe and reasonable health care support for my son/daughter. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.

Emergency Family Contacts Parent/Carer

Parent/Carer Full Name	Home	Work	Mobile
Address			

Alternative Emergency Contact

Name	Home	Work	Mobile
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Parent/Carer Consent

As a parent/carers to	Athletes First and Second Name		
I,	Parent/Carer Name		
give my consent for her to participate in / at	2016 NATIONAL SPRINT CHAMPIONSHIPS / BANKSIA TOURIST VILLAGE & CHAMPION LAKES		
From	29 FEB - 6 March 2016		
Flight Details	ARRIVAL TIME:	DEPARTURE TIME:	
	FLIGHT NO:	FLIGHT NO:	
Signature and Date	___/___/___		

Emergency Medical Contact

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any medical personnel currently treating your child who may have information that may help emergency services.		
Name	Address	Telephone
Other Information		

Special Circumstances

My child has a medical condition(s) requiring particular treatment in the event of accident, illness or emergency. YES NO

Details of Medical Condition:

Is there a Medical Management Plan in place? YES NO
If YES please attach Medical Management Plan.

Does your child require any modifications to this Plan? YES NO
If Yes, please detail:

If No, are you aware of any other medical emergency that could arise?

Checklist and Risk Management:

Please provide details of the emergency and how to recognize it (Please provide extra attachments if necessary)

Emergency Treatment: *(Please provide extra attachments if necessary)*

In the event of an accident or illness, staff will call an ambulance if an emergency situation arises. Staff will make every attempt in the event of an accident or illness to contact you or the alternate emergency contact person. Ongoing attempts to contact the parent or alternative emergency contact person will be made until successful contact occurs. In the event that contact is impossible or delayed, are there any special instructions to be given to the ambulance staff? If so, please add these below:

MediAlert number (if applicable)

Medications will need to be self administered if the child is considered by their parent/carer to be capable. Children must be aware of dosage instructions and comply with specified times. If there is concern with self administration the parent/carer must indicate below and make arrangements with team manager/coach.

Child is able to self administer any medications YES NO N/A

Team Manager / Coach is aware of requirements YES NO N/A

Parent/Carer Signature and Date

____/____/____

Dietary Requirements

Please list any dietary requirements .
