

UNDER 18 DECLARATION FORM

Date:

Event:.....

I, _____

Being the legal parent/guardian of _____

Approve their entry to the event and will be present myself

Or

I hereby give permission to _____ to approve their entry and sign for any medical or surgical treatment necessary for my child during the event at HISC should the need arise.

MEDICAL INFORMATION

It is recommended that any competitor with a known medical condition and/or who is taking medication should record this information, together with their name, on a wristband so that in the event of an emergency this information is quickly available to the emergency services.

USE OF YOUR IMAGE

The Organiser or staff at the club may arrange for images or videos to be taken at the event. By signing this form, you consent to your image being used within club or event promotions, on the HISC website and on HISC social media channels. If you wish to opt out of your picture being used, please let the office team know.

Signed: _____

Date: _____

Contact details *at the event* for the responsible adult named above:

Telephone number _____

Address _____