JUNIOR PARTICIPANT’S FORM

*To be completed for all participants under 18 years of age*

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| Junior Participant’s Name: Mobile No: |
| Under 18s only: | [ ] Under 15 [ ] Age 15-17 | Date of Birth: |
| Medical History Information (details of any known allergies, conditions, medications): |
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|  |
| Any other special needs, requirements or directions that would be helpful for leaders to know about: |
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**Parent/Guardian Contact Details**

Parent/Guardian Name:

Telephone - Mobile (in case of emergency): Home: Email address:

*It is recommended that junior participants should travel with / be accompanied by a family member or else two supervising adults (where possible). If you, as parent or guardian, are* ***not*** *able to accompany your child, please give the following details:*

*Family member/supervisor: Mobile No:*

*2nd supervising adult (if any): Mobile No:*

**Parent/Guardian Consent**

I declare I am the legal parent or guardian of

In the event of illness, 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 authorise a qualified medical practitioner to provide emergency medical treatment or medication.

I hereby consent to the above child participating in activities of the organisation in line with the Code of Ethics & Good Practice and I agree to adhere to TREC Ireland’s parents’ code of conduct.

I understand that photographs will be taken during the event and may be used in the promotion of sport, and I hereby give / do not give *(please delete as appropriate)* permission for photographs of my child to be taken and used for said reason.

I confirm that all details are correct and I am able to give parental consent for my child to participate in all activities.

Signature:

Print name: Date:

**Participant**

I agree to adhere to TREC Ireland’s Rules and Code of Ethics & Good Practice. Signature: Date: