SENIOR ATHLETE CONTACT DETAILS, MEDICAL INFORMATION,

EMERGENCY CONTACT

Please fill in before printing

ATHLETE CONTACT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name:  (as appears on Passport) | | | Gender:  M / F | Date of Birth: |
| Main Address:  Postcode: |  | | | |
| Email: | | Tel: | | |
| Passport No: | | Passport Expiry Date: | | |
| BC/ SCA/ CW/ CANI Membership Number: | | Membership Expiry date: | | |

EMERGENCY CONTACT DETAILS

|  |  |
| --- | --- |
| Contact Name 1: | Contact Name 2: |
| Relation to Athlete: | Relation to Athlete: |
| Address: | Address: |
| Home Tel: | Home Tel: |
| Mobile Tel: | Mobile Tel: |

MEDICAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Doctors Name: | | | Doctors Tel No: | | |
| Please circle any medical conditions which apply to you. | | | | | |
| Epilepsy | Yes/ No | | | Asthma | Yes/ No |
| Diabetes | Yes/ No | | | Recurring Headaches | Yes/ No |
| Skin Condition | Yes/ No | Please specify: | | | |
| Allergies | Yes/ No | Please specify: | | | |
| Other | Yes/ No | Please specify: | | | |
| Specific Dietary requirements: | | | | | |
| If you have answered yes to any of the above, please list any medication that you are currently taking, including Method (e.g. injection, inhaler), Dosage and Frequency. Please note a certificate of use will be required from your GP for any prescription medicines. | | | | | |
| Please provide any additional information which you think we should know, including details of any known vaccinations which you have had: | | | | | |

Please turn over to complete and sign the declaration of consent.

SENIOR ATHLETE

TE CONSENT FORM

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| CONSENT, PLEASE READ CARFULLY   * I acknowledge that there are risks and hazards of white water paddling and will take all reasonable steps to ensure my safety on and off the water. * I accept that it is my responsibility to determine if my personal skill and ability is of the appropriate level for paddling on white water used for training and events. * I accept that it is my responsibility to ensure that I have appropriate insurance cover. I will provide a copy to the team Manager if asked to do so when travelling with the team. * I consent that photographs or video taken by authorised personnel during National / International events and Training may be used to promote paddlesport and help improve performance. * I confirm that I am not subject to any court order prohibiting publication of my image. * I agree to be at the pick-up/meeting point at the agreed time. * I consent to receiving text/email/social media messages from team coach/ support staff to advise of training and/or programme changes. * I confirm to best of my knowledge that I do not suffer from any medical conditions other than those listed. * I understand that the Freestyle Committee accept no responsibility for loss, damage or injury caused by or during attendance on any organised training or event except where such loss, damage or injury can be shown to result directly from the negligence of the Freestyle Committee. * I agree to abide by the Freestyle Committee Code of Conduct at all times.   Anti-Doping  All athletes will be required to commit to the UK Anti-Doping rules and the ICF Anti-Doping which came into effect on 1st January 2015, based upon the 2015 revised WADA code.  <http://www.ukad.org.uk/resources/document/uk-anti-doping-rules-2015>  <http://www.canoeicf.com/rules-and-statutes>  I have read and understood the ICF and UK anti-doping rules, and I hereby:   * agree that I will be bound by and comply with the provisions set out in the anti-doping rules of the British Canoeing, to commit to the UK Anti-Doping rules and the ICF Anti-Doping which came into effect on 1st January 2015, based upon the 2015 revised WADA code. * consent and agree to the taking of a blood or urine sample from myself for the purposes of official anti-doping testing (whether such testing is organised by the British Canoeing, International Canoe Federation, UK Sport or any other official body) in accordance with the procedures set out in the ICF and UK Anti-Doping Rules and the International Standard for Testing.   I am aware that further information regarding Anti-Doping can be found at: <http://www.britishcanoeing.org.uk/olympic-paralympic/how-we-work/anti-doping>  In signing below, I confirm that I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal and medical information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.  Please sign and date below  NAME OF ATHLETE (printed): …………………………………………………………………………………………..  SIGNED: ……………………………………………….. DATE: ……..……………….. |