



PARENTAL CONSENT FORM

TRAINEE DETAILS	
SURNAME	
FORENAME	
ADDRESS	
HOME PHONE NO.	

PARENT/GUARDIAN DETAILS	
SURNAME	
FORENAME	
ADDRESS	
HOME PHONE NO.	
MOBILE PHONE NO.	

ALLERGIES/MEDICAL CONDITIONS	
MEDICATIONS	
DATE OF LAST TETANUS INJECTION	

PARENTAL CONSENT FOR SNOW CAMPS, DRY SLOPE AND FITNESS TRAINING	
<p>Whilst all reasonable care will be taken to ensure the health, safety and welfare of trainees attending SPSRC snow camps, dry slope and fitness training, by the very nature of the sport itself, it is impossible to supervise the trainees constantly. We would therefore point out that the acceptance of risk is intrinsic to the practice of the sport.</p> <ol style="list-style-type: none"> 1. Assuming the organisers of the camp or training have made every effort to contact me, I give my consent that my child may receive emergency medical treatment including anesthetic as considered necessary by medical authorities and that the team caring for my child may administer mild pain relieving drugs. 2. I will inform SPSRC of anything relevant regarding my child's health. In particular I will inform SPSRC if my child has been in contact with any contagious or infectious diseases or suffered from anything that may be or become contagious or infectious in the four weeks prior to departure for any snow camp. 3. I am aware of the Club Rule that prohibits the houseparent, coach/trainer or any other camp organiser from administering banned drugs to my child. 4. I shall inform SPSRC of any changes to the included information during the period my child is attending snow camps, dry slope and fitness training. 5. I agree that consents given on this form will be valid as long as my child is a member of SPSRC, unless revoked by me in writing. 	

SIGNED	
RELATIONSHIP TO TRAINEE	
DATE	