****

**Consent Form**

**Senior members and Prospective Members ages 16 and 17**

Parental Consent Form for athletes under 18 for participation in Ilkley Harrier’s activities.

1 I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) and I agree to them taking part in Ilkley Harriers training sessions and club runs. I give my consent on the understanding that the club rules and policies are adhered to. (These are available for inspection on the Ilkley Harriers web-site.

2 I confirm that my child is in good health and I consider him/her fit to participate in athletics activities organised by Ilkley Harriers.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s full name |  | Date of birth |  |
| Home address |  |
| Name, address and telephone number of family doctor |  |
| Does your child have a medical condition that coaches/run leaders need to be aware of?  | YES / NO |
| (Please state.) |  |
| Does your child take any prescribed medication for this? | YES / NO |
| (Please list plus dosage.) |  |
| Does your child suffer from any allergies?  | YES / NO |
| (Please list - drugs/food substances/etc.) |  |
| Full name of parent/guardian |  |
| Home Telephone |  | Work Telephone |  |
| SignatureDate |  |

A COPY SHOULD BE RETAINED BY THE PARENT OR GUARDIAN