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**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 | |  | | |
| Signature  Date |  | | | | | | |

A COPY SHOULD BE RETAINED BY THE PARENT OR GUARDIAN