 Participant Information and Parental Consent Form 2014 - 2015

For participating in junior coaching sessions (under 16 years old) at Whitchurch Triathlon Club

## 1 Participant Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Gender |  | Date of birth |  | Age |  |
| Address |  |
| Home tel: |  | Mobile |  |
| Email: |  |

## 2 Emergency Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Surname |  |
| Relationship with Participant |  | Home tel: |  |
| Emergency tel: during coach sessions |  |

## 3 Medical and Special Needs

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| Please provide details of any medical or health conditions that might affect your participation in triathlon and what support/medication is required. |
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| Please list any medications you take on a regular basis. |
|  |
| Please give details of any specific needs that the coach should be aware of and what support/modifications are required. |
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## 4 Other participant information

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| --- |
| Previous triathlon experience |
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| What other sports do you participate in regularly and how often? |
|  |
| Why are you attending the sessions? |
|  |
| What do you want to achieve in the sessions? |
|  |
| In the long term, what do you want to gain from your participation in triathlon? |
|  |
| Please detail any other specific information that is relevant to your participation in triathlon activity sessions. |
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