**Perform Academy Tristars**

**Junior Athlete** **Screening and Parental Consent Form**

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| --- | --- | --- | --- | --- | --- |
| First name: |  | Surname: |  | | |
| Gender: | * Female * Male | Date of birth: |  | Age: |  |
| Address: |  | | | | |
|  | Postcode: |  | | |
| Home tel: |  | Parent Mobile: |  | | |
| Parent Email: |  | | | | |
| Triathlon club (if appropriate): |  | | | | |

1. Emergency Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| First name: |  | Surname: |  |
| Relationship to participant: |  | Home tel: |  |
| Work tel: |  | Mobile: |  |

1. Medical and Specific Needs

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| Please give details of any medical or health conditions that might affect your participation in triathlon and what support/modifications are needed. |
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| Please list any medications you take on a regular basis. |
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| Please give details of any specific needs that the coach should be aware of and what support/modifications are needed. |
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1. 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? |
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| Why are you attending the sessions? |
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| What do you want to achieve in the sessions? |
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| In the long term, what do you want to gain from your participation in triathlon? |
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| Please detail any other specific information that is relevant to your participation in triathlon activity sessions. |
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1. Consent for Participation in Coaching Activities

Parental/guardian consent

I, being the parent/guardian of the child identified below, have read the information on this form and in the following notes and give consent for my child to take part in the coaching sessions. I understand and agree that my son/daughter/child in my care, participates in coaching sessions under the instruction of British Triathlon Federation coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my son/daughter/child in my care. I am satisfied that they are sufficiently responsible and competent to assume full and entire responsibility for their own safety under the supervision of a British Triathlon Federation coach.

Notes:

* You are giving consent for the child named below to participate in coaching sessions.
* You are agreeing to photography of some sessions and events, which may be used in club newsletters and marketing; and video analysis for the benefit of the athlete. To opt out of this, you must write a letter to PERFORM detailing you do not wish your child to be photographed and/or filmed for athlete development.
* It is part of the *Code of Conduct for Triathlon Coaches* to ensure that reasonable steps are taken to establish a safe environment where young participants can enjoy developing their triathlon skills. The parent(s)/guardian(s) are welcome to stay and watch the session, but this is not compulsory unless your child is eight years of age or under.
* Young participants are expected to remain in the session from beginning to end, unless they have to leave early. If the participant has to leave early or is being collected by someone other than the parent/guardian, the parent/guardian must advise the coach of the details of the arrangement, including who will be collecting the participant.
* Any young participants who persistently misbehave or put others in danger will be asked to leave the sessions and may not be allowed to attend in future.
* Parents of Junior members are expected to support the club through volunteering at sessions and events (primarily as on-course marshals) enabling a safe and successful competition.

Please ensure that you make a note of any medical conditions your child has/you feel the coach should know about in Section 2 of this form. If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in the coaching sessions.

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| --- | --- | --- | --- |
| Child’s name: |  | | |
| Parent’s/guardian’s  signature: |  | Date: |  |

COACH USE ONLY

Any other relevant information regarding the participant (e.g. preferred learning style, stage of development and ability level). Identify key information within this form and note any adaptations/considerations required for your sessions. Note any follow up information gained/feedback given to athlete