



**Parental Consent Form for Junior Members**

I am willing to allow my son/daughter\* .....

Whose date of birth is .....

To take part in activities that have been organised by Manchester Triathlon Club for this years membership, from .....to .....

and for the coach, or group leader, to sign on my behalf any forms of consent required by the hospital authorities in the event on my son/daughter\* being ill or injured during the training session, provided the delay required to obtain my own signature might be considered likely in the opinion of the doctor or surgeon concerned to endanger my son's/daughter's\* health or safety.

I am fully aware that Manchester Triathlon Club

- Has a child protection policy
- All coaches have appropriate levels of certification
- Are working towards having all coaches and committee members CRB checked
- Are not able to offer supervision in changing rooms

I hereby consent to my child to taking part in Manchester Triathlon Club activities.

**Name of Parent/Guardian\* (Please print):** .....

**Address:** .....

**Tel No: Home** ..... **Mobile** ..... **Work** .....

**Signed:** ..... **Date:** .....

**If the above named person is not available, please contact:**

**Name (Please print):** .....

**Address:** .....

**Tel No: Home** ..... **Mobile** ..... **Work** .....

**Details of Family Doctor:**

**Name (Please print):** .....

**Address:** .....

**Tel No:** .....

**Your son's/daughter's membership card will not be issued until we have received this form. Please post or fax the completed form to the address below.**

Patricia Quirke  
Man Tri Juniors  
215 Oswald Road  
Chorlton  
M21 9GN

\* Delete as applicable