



## Channel Islands Surfing Federation

### CISF Consent Form

#### Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of child/young person:			
Address:			
Date of Birth:			
Gender:	Male	/	Female
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Email address parent/carer:			
<b>Emergency contact information:</b>			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:		
<b>Medical information:</b>			
Any specific medical conditions requiring medical	<b>Yes:</b> Please give details:	<b>No:</b>	

treatment?		
Details of medication required (pain/flu/inhaler):		
Any specific medical condition or disability?	<b>Yes:</b> Please give details:	<b>No:</b>
Any allergies?	<b>Yes:</b> Please give details:	<b>No:</b>
Details of any dietary requirements (vegan/vegetarian):	<b>Yes:</b> Please give details:	<b>No:</b>
<b>Consent information:</b> <i>please tick the boxes below</i>		
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.		
<input type="checkbox"/> I consent to use of my child's name, photos, videos, to be taken/used as part of the promotion of the event, including on social media platforms.		
<b>Signature of child/young person :</b>		
<b>Print name child/young person:</b>		
<b>Date:</b>		
<b>Signature of parent / carer:</b>		
<b>Print name parent / carer:</b>		
<b>Date:</b>		