



TVT Junior Training Consent

(PLEASE USE BLOCK CAPITALS)

Childs First Name:		Childs Surname:			
Sex: (Male / Female)		Date of birth:		Membership fee paid:	£
Address:					
Town:		County:			
Postcode:		Home Telephone:			
E-mail address:		Mobile Telephone:			
BTA Licence No (if any)		Childs Age on 31 st December 2007:			
Other emergency contact and tel no.		Relationship to Participant			
Are you happy for your child's photograph to be taken and used on TVT's website or in press releases?				Yes / no	
Medical Conditions					
Any other points we should be aware of					
<p>DECLARATION- I hereby give permission for my son/daughter to participate in triathlon coaching sessions under the instruction of a qualified British Triathlon Coach. I understand and agree that my son/daughter participates in coaching sessions entirely at his/her own risk. I am satisfied that my son/daughter is sufficiently responsible and competent to assume full responsibility for his/her own safety under the supervision of a qualified British Triathlon coach. I understand that medical cover will not be available from the coaching staff and that leisure centre staff will provide basic medical support if needed.</p>					
Parent / Guardian Name					
Parent / Guardian Signature					Date: