



# EVOLUTION JUNIOR & SCHOOL TRIATHLON SQUAD



## **SQUAD MEMBER FORM**

Please complete the following in block capitals and return to Victoria Barber, Head Junior Coach at [victoria@evotri.co.uk](mailto:victoria@evotri.co.uk)

Name of Child:					
Date of Birth:		Age:	Gender:	M	F
Address:					
Mobile:					
Email:					
School Attended:					

### **Emergency Contact Information:**

Emergency Contact Name:	
Emergency Contact Number:	
Alternative Contact Name:	
Alternative Contact number:	

### **Medical Information for your child:**

GP's Name:	Tel:
Address:	
Does your child have any medical conditions we need to be aware of? If yes, please provide details:	Yes/No
Does your child need to bring any medication with them? If yes, please provide details:	Yes/No
Does your child have any specific dietary requirements? If yes, please provide details:	Yes/No
Is there anything else we should be aware of to ensure your child's wellbeing? If yes, please provide details:	Yes/No

[www.evotri.co.uk](http://www.evotri.co.uk)

07780 994772

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## PARENTAL CONSENT

- I am aware of the British Triathlon's Child Protection Policy and Procedures.
- I consent to my child taking part in the Club's activities. I acknowledge that the Club will be liable in the event of any accident **only** if they have failed to take reasonable steps in their duty of care for my child during the activities.
- I agree to be at the drop-off/pick-up point at the agreed time.
- I confirm to the best of my knowledge that my child does not knowingly suffer from any medical condition other than those detailed above.
- I consent to my child receiving medical treatment, which in the opinion of a qualified medical practitioner may be necessary.
- I understand and agree that my child participates in all activities entirely at their own risk (unless the Club have failed to take reasonable steps in their duty of care for my child during the activities).
- I understand that my child must be respectful and mindful of other club members, coaches and parents, and agree to the young persons code of conduct.
- I agree by the parent's code of conduct.
- I consent to the taking of photos and other images of my child whilst participating in club activities and events.
- I understand and accept that a properly fitting cycle helmet which meets the required current safety standard must be worn by my child at all times whilst cycling. I also accept that if my child rides without a cycle helmet for any reason, that they do so at their own risk and I cannot hold Evolution Junior Tri Club responsible for any injury or damage, how so ever caused.

Signature:

Print Name:

Date:

Relationship to Child:

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## Experience

This section is designed to give the coaches an idea about the ability and experience your child has at the moment.

### Bike

1. Do you have a bike? If so, what type of bike?  
(i.e. Mountain bike, road bike etc)
2. What experience of bike riding do you have? (i.e. leisure riding, ride for a club etc)
3. How often do you ride your bike?

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### Swim

1. Can you swim 100 metres without stopping?  
If no, please state the distance you can swim without stopping.
2. How often do you swim?
3. Are you currently having swimming lessons?
4. What experience of swimming do you have?  
(i.e. swim club, school team, just for fun)

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### Run

1. What experience of running do you have?  
(i.e. school team, athletics club, etc)
2. How often do you run?

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