



**CHILD CONSENT FORM**  
12 – 16 years

**APPLICANT INFORMATION**

Name:		
Date of birth:	Gender:	
Current address:		
City:	County:	Post Code:

**CONTACT INFORMATION**

Mobile Phone:	E-mail:	Other:
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**EMERGENCY CONTACT**

Name:	
Mobile Phone:	E-mail:
Relationship:	

**DISCLAIMER (FILL IN BLANKS)**

I give permission for the applicant above, who is currently \_\_\_\_years and \_\_\_\_months, to participate in Three Counties Running Club training sessions based on instruction from a qualified coaching team.

I understand that an adult (18+ years) must be nominated by myself to take temporary responsibility for my child during a training session should I not be attending, but that I cannot hold said person liable for any accident or injury my child sustains.

I understand that the coaching team holding the training session must be made aware of my child's attendance upon arrival.

I understand that subject to payment of club membership, training sessions my child may participate in currently include (NB: these are subject to change).

Age	Restriction
12 – 14 years	<p align="center">For safety reasons my child is not permitted to attend any session incorporating road work and that they must obey instructions from the coaching team at all times.</p> <p align="center">Monday Trackless Tuesday Beginners Wednesday Beginners</p>
+14 – 16 years	<p align="center">For safety reasons my child must obey instructions from the coaching team, particularly those relating to health and safety.</p> <p align="center">Monday Trackless Tuesday Beginners Wednesday Beginners &amp; Intermediate</p>



**HEALTH & FITNESS**

Running Group Leaders are qualified leaders and are willing to share their experience and enjoyment of the sport with me. I confirm that **I understand that my child's participation in this group is entirely at their own risk** and if in doubt I should consult a doctor if they're suffering from any condition that might make running injurious to their health.

Signature	Print Name	Date

Please detail any medical condition which you deem is in the interest of the club to be aware of – **I consent to my personal data provided to be shared with coaches** for the purposes of the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose.

**LIABILITY**

**I accept that none of TCRC's Management Committee or any TCRC member will be liable** for any injury, illness, loss, damage, claim costs or expenses, which may arise in consequence of my child's participation in a TCRC session.

Signature	Print Name	Date

**CONSTITUTION & GRIEVANCE POLICY**

Three Counties has a set of rules, regulations and policies that every member must abide by and agree too in order to become a member. These are contained within the Constitution and Grievance Policy. They can be found in your welcome email. Alternatively, a member of the committee can send you a digital copy. **By signing below, you agree to the Constitution and the Grievance Policy.** These are available in digital format upon request.

Signature	Print Name	Date