

# HASTINGS RUNNERS under 18s

## DISCLAIMER AND PERSONAL HEALTH DETAILS

The safety and welfare of children in our care is paramount, and it is important therefore that we are aware of any illness, medical condition and other relevant health details in order that their best interests are always addressed. Please complete this form, and return it to the session leader, with our assurances that the information will be treated as confidential.

Full name of child:

DOB:

AGE:

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Contact details for parent/guardian:

MOBILE/HOME no

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Does your child suffer from any of the following (please circle box if so): **Allergies; Asthma; Diabetes; Epilepsy; Joint Problems; Heart/circulatory problems; Hearing impairment; Visual impairment; Dyslexia; Learning disability; Physical disability; other conditions.** Please provide full details if you have circled any of the above boxes:

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Has your child ever been advised against taking part in strenuous activity? YES/NO

If your child suffers from any health condition including ADHD, Autism etc, or is on medication, would you please supply clear details to ensure that, where possible, their specific needs can be met?

Details:.

The club cannot accept responsibility for any child who attends the sessions with an illness or injury; therefore all parents must ensure that their child is fit to attend. During the sessions, if it is thought that to continue would be detrimental to the child's health the club reserves the right to tell them to stop. The information provided above will only be disclosed to those helping with the running sessions where it is deemed necessary.

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### PLEASE READ THE FOLLOWING AND SIGN BELOW

I confirm that the above details are correct, and I give my consent for my child to participate in Hastings Runners' activities. I have disclosed any relevant health issues and understand that they will be shared with volunteers helping with the sessions as necessary.

I understand that participation in sessions is entirely at my, and my child's risk, and that I should consult my child's doctor if my child is suffering from any condition that may be aggravated by sport activities.

I agree to notify the club immediately of any changes in medical information or allergies.

I agree that my child can participate in all activities organised by the club: YES/NO

It is my responsibility to organise my child's transport to and from the club's activities. I agree that in exceptional cases, a club official may transport my child.

I understand and expect that the club's representatives have a common law duty of care, and in my absence will assume responsibility as any reasonably prudent parent would.

**I understand that under 16s must be accompanied to the track sessions by a parent or guardian, and that they are not eligible to take part in the main club**

**training sessions on Tuesday and Wednesday evenings. I also understand that they can participate in the club only 5kms races, provided that they are accompanied during the race by a parent, guardian or designated responsible adult. However they are not permitted to take part in the longer distance club only races.**

Signed: (parent/guardian)

Date: