

CONSENT FOR PARTICIPATION IN COACHING/CLASS ACTIVITIES

Parental/guardian consent

I, being the parent/guardian of the child identified below, have read the information on this form and give consent for my child to take part in the coaching/class session(s). I understand and agree that my son/daughter/child in my care, participates in coaching sessions entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with my son/daughter/child in my care. I am satisfied that they are sufficiently responsible and competent to assume full and entire responsibility for their own safety under the supervision of an Inspire2tri coach/instructor.

Notes:

- You are giving consent for the named child to participate in coaching/class sessions.
- No photography will be taken or published without your explicit consent. Please list any exclusions below.
- It is part of our *Code of Practice* to ensure that reasonable steps are taken to establish a safe environment where young participants can enjoy developing their sports skills. The parent(s)/guardian(s) are required to stay and watch the session when 1:2:1 coaching but this is not compulsory within a Group session with more than one coach present.
- In some instances for coaching movement it may be helpful to make contact with the child to demonstrate correct positioning. Please confirm that this is acceptable for the purposes of stroke and form correction or note in "exclusions" below.
- Young participants are expected to remain in the session from beginning to end, unless they have to leave early. If the participant has to leave early or is being collected by someone other than the parent/guardian, the parent/guardian must advise the coach of the details of the arrangement, including who will be collecting the participant.
- Any young participants who persistently misbehave or put others in danger will be asked to leave the sessions and will not be allowed to attend in future.

Please ensure that you make a note of any medical conditions your child has/you feel the coach should know about. If you have any concerns about your child participating in any form of physical activity, please consult your GP before giving permission for your child to take part in the coaching/class session(s).

Child's name:			
Parent's/guardian's signature:		Date:	
Specific Exclusions			

Inspire2tri signature:		Date:	
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