(Insert club name) JUDO CONSENT FORM FOR MINORS (U18)

Consent form for travel – to be made available to (insert club name 10 (ten) days before travel

1. Name and Surname of Minor (as per travel document)
2. Name and Surname of Parent/Guardian
3. Parent/Guardian as above does not require the consent of any other person to give the minor named in Question 1 permission to travel as part of this Judo team

YES/NO

1. As Parent/Guardian, I give the below named full consent to take any decisions necessary concerning the health and safety (physical, mental and emotional) for the minor named in Question 1 over the full duration of the trip.

INSERT NAME OF COACH/MANAGER

1. This consent covers a judo trip to

INSERT TOURNAMENT TITLE AND LOCATION

INSERT START DATE OF TRAVEL

INSERT LAST DATE OF TRAVEL

1. Should any unexpected changes to travel plans occur, (for example, flight delays, force majeure) I consent to the person named in Question 4 acting in the best interests of my child.  This includes acceptance of all necessary expenses which may be required to be paid by manager/coach or INSERT CLUB NAME prior to minors return to Ireland. **I  acknowledge and accept that a*ny such expenses will be refunded to LJC upon the minors return to Ireland***.
2. Has the minor named in Question1 had, in the past, or does the minor currently have, any of the following ailments: (tick any that apply) **If any are ticked, please provide, separately, a full list of medications and dosage - this list will be made available to medical personnel should medical attention be required.   *Please also ensure that the person named in Question 4 is provided with enough medication to last the duration of the trip, before departure.***

Asthma

Anemia

Diabetes

Epilepsy/Seizures

Cardiac Disease

High Blood Pressure

Low Blood Pressure

Bleeding Disorders

Allergies

Other

None of the above

If “Other” was ticked, please provide description of ailment.

1. Minors Date of Birth
2. Medical Aid/Irish GP  number (or European Equivalent)
3. **Emergency Contact/s.** Please provide name, relationship to minor, contact email and telephone numbers for up to two Emergency Contacts for the minor named in Question 1.
4. .I, Parent/Guardian named in Question 2 of minor named in Question 1, consent to  photography/video recording to be used for Social Media of minor named in Question 1, in public places on and off the mat for the duration of this trip.
5. In accordance with GDPR policy, INSERT CLUB NAME will delete the data contained on this form within one week of end of trip.