**CONSENT FORM FOR KID TRAVELLING ABROAD:**

**As a parent/guardian of:**

|  |  |
| --- | --- |
| Athlete‘s Name | *jméno dítěte, datum narození, číslo OP nebo pasu (podle toho s čím jedou)* |

**I:**

|  |  |
| --- | --- |
| Your Name | *jméno rodiče, datum narození* |

**give my consent for him/her to participate in:**

|  |  |
| --- | --- |
| Activity | **USK Praha Orienteering Club Youth Team – Training Camp in Villach, Austria, with trainings in Italy and Slovenia**  |
| ACTIVITYDESCRIPTION | Two-week training camp in Villach with daily orienteering sessions in Austria, Italy and/or Slovenia. Complementary activities may include: swimming, paddling, trekking, climbing (via ferrata), roller-ski and similar. |

**at/on:**

|  |  |
| --- | --- |
| LOCATION | **Villach, Austria** |

**under the supervision of:**

|  |  |
| --- | --- |
| Leaders Name | **Václav Zakouřil, coach, tel: +420720705293; Helena Zakouřilová, Jan Pecka, Ondřej Blaha** |

FROM: **17/July/2020**  TO: **02/August/2020**

I am well aware of details of planned activities, accommodation, food and transport arrangements and supervising officials. Agreement:

* I understand that in entering activity that the sport of orienteering as well as complementary activities hve certain inherent risks due to its conduct in the natural environment. Included in these risks are injury due to rough terrain, water, fauna, obstacles and the effects of heat, cold and exhaustion***.*** It is the responsibility of the participant to be prepared for such risk occurrence. The coach/leader(s) will plan activities to mitigate risks and brief the participants on safety considerations before any training activity or competitive event but participants accept that they do so at their own risk.
* I agree to delegate my authority to supervising officials. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the athletes as a group and individually.
* **I confirm that my child or any of his/her immediate family member: (i) does not have any of the following symptoms: fever, cough, beathlessness or sore throat; (ii) has not been in last 14 days in a location declared as risky due to increased cases of COVID-19; and (iii) has not come in close contact with a confirmed case of COVID-19 in last 14 days.**
* I have also attached health care information, including details of any additional health support he/she requires to undertake the above activities safely, if applicable. I consent to my child being treated by doctor or medical specialist in the case of need or an emergency and to the supervising officials taking any decisions deemed neccessary in this respect. I also consent to all information about such medical treatment of my child be provided to supervising officials.
* The information given is accurate to the best of my knowledge.

Signed: *podpis rodiče* Date: **17/July/2020**

*mobil - stačí*

Mobile Phone

*adresa*

*jméno rodiče*

**EmergencyContacts**

**Parent/Guardian**

NAME

ADDRESS

Postcode

Work Telephone

Alternative Telephone

Medicare Number: *číslo kartičky pojištěnce (dítěte)*

Attachment – Health care information/requirement YES/NO

*Pokud dítě bere léky, nebo má omezení či indikace vyžadující zvláštní péči (alergie apod.), zakroužkujte YES a uveďte zvlášť na samostatném listu. Jinak zakroužkujte NO*