**CONSENT FORM FOR ORIENTEERING CAMP or TRIP**

**As a parent/guardian of:**

|  |  |
| --- | --- |
| Athletes 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 | **Orienteering training camp** organised by clubs USK Praha and SOK Turnov in Alvesta, Sweden |
| ACTIVITYDESCRIPTION | Above mentioned event consists of training camp in Alvesta/Sweden and participation on the 2 day competition in Blekinge/Sweden. |

**at/on:**

|  |  |
| --- | --- |
| LOCATION | **Alvesta - Sweden** |

 FROM: **30/June/2017** TO: **16/July/2017**

Details of planned activities, transport arrangements and supervising officials are provided on the information sheet attached. Agreement:

* I understand that in entering this Orienteering activity that the sport of orienteering has certain inherent risks due to its conduct in the natural environment. Included in these risks are injury due to rough terrain, 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 must 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 students as a group and individually.
* I have also attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child’s doctor or medical specialist being contacted in an emergency.
* The information given is accurate to the best of my knowledge.

Signed: podpis rodiče Date: datum 2017

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 indikace vyžadující zvláštní péči (alergie apod.), zakroužkujte YES a uveďte zvlášť na samostatném listu. Jinak zakroužkujte NO