**CONSENT FORM FOR KID TRAVELLING ABROAD:**

*prosím vyplňte podle žlutě označených pokynů a pokyny vymažte*

**As a parent/guardian of:**

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

**I:**

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

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

|  |  |
| --- | --- |
| Activity | **USK Praha Orienteering Club‘s participation in Tiomila Relay, Örebro, SWEDEN**  |
| ACTIVITYDESCRIPTION | Two training sessions followed by participating in Tiomila competition in Örebro.  |

**at/on:**

|  |  |
| --- | --- |
| LOCATION | **Alvesta, Eskilstuna and Örebro, SWEDEN** |

**under the supervision of:**

|  |  |
| --- | --- |
| Leaders Name | **Václav Zakouřil, coach, tel: +420720705293; Jan Kučera, Jan Rod, Jan Gajda, Ondřej Blaha** |

FROM: **04 May/2022**  TO: **09/May/2022**

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

Agreement:

* I understand that the sport of orienteering as well as complementary activities have 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.I accept the responsibility for my child 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 enter into the activities at their own risk.
* I agree to delegate my parental authority during the camp to supervising leaders. Leaders may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the participants 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 either in a location declared as risky due to increased cases of COVID-19 or in close contact with a confirmed case of COVID-19. I confirm that my child has been neganively tested on SARS-CoV-2 within 48 hours prior to the beginning of the camp.**
* 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 leaders 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 leaders.
* The information given is accurate to the best of my knowledge.

Signed:

 *podpis rodiče* Date: **03/May/2022**

Address

Mobile Phone

*jméno a kontakty rodiče*

**Parent/Guardian emergency contacts:**

NAME

Email

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*