



## Participant Information and Parental Consent Form

### 1 Participant details

First name:		Surname:			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth:		Age:	
Address:					
			Postcode:		
Home tel:			Mobile:		
Email:					
Triathlon club: if appropriate					

### 2 Emergency contact details

First name:		Surname:			
Relationship to participant:			Home tel:		
Work tel:			Mobile:		

### 3 Medical and specific needs

Please give details of any medical or health conditions that might affect your participation in triathlon and what support/modifications are needed.
Please list any medications you take on a regular basis.
Please give details of any specific needs that the coach should be aware of and what support/modifications are needed.

