



U16 & U14 FIS Youth International Races

Athlete Information Form

Please read the following information carefully before completing and returning this form to us.

GB Snowsport (GBS) is committed to ensuring all young people (aged under 18) who participate in any of our programmes have a safe, rewarding and positive experience. We have a Safeguarding Policy available on the safeguarding section of the GBS website [here](#), which must be complied by all who work or volunteer within, or for, our organisation. If you ever have any concerns, our Safeguarding Lead Officer is Bridget Owen and she can be contacted on +44 (0) 7807026247 or bridget.owen@gbsnowsport.com.

Data Protection. GBS will use the information provided on this form, as well as other information it obtains about your child, to administer their snowsports activities and in any other activities in which they participate, to care for and supervise activities in which they are involved. In the event of a medical or child safeguarding issue arising, GBS may disclose certain information to doctors and other medical specialists and/or to police, Children's Social Care, the courts and/or probation offices and potentially, to legal and other advisers involved in an investigation. As the person completing this form, you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.

A parent/carer or guardian will need to sign this Athlete Information Form. We will use this information to ensure that you are kept informed about events. By giving your child's email address and/or mobile number, you are consenting to us using these mediums to contact your child regarding our activities. If you do not wish us to contact your child, you should not give their mobile number or email address.

Please complete in BLOCK CAPITALS:

Name (in full):

Date of Birth:

Names of Parents/Guardians:

Address for all correspondence:

Postcode:

Home Telephone:

Parents/Guardian's Mobile Number(s):

Parent/Guardian's E-Mail for correspondence:





Child's Mobile Number – if you consent to us using it (only complete if your child is 13 or over and you consent to us using it):

Child's E-Mail address – if you consent to us using it (only complete if your child is 13 or over and you consent to us using it):

Insurance Company:

Insurance Policy Number:

Medical Information

All information will be treated in the strictest confidence.

Please detail below any important medical information that our coaches and staff should be aware of (eg. epilepsy, asthma, diabetes, allergies, etc.) and medication.

Has the athlete ever suffered from:

- | | |
|---|--------|
| 1. Any serious illness in the last three years? | YES/NO |
| 2. Any major operations? | YES/NO |
| 3. Any fractured bones? | YES/NO |
| 4. Any eye/ear problems? | YES/NO |
| 5. Asthma or migraines? | YES/NO |
| 6. Blood conditions? Diabetes? Anaemia? | YES/NO |
| 7. Epilepsy? | YES/NO |
| 8. Allergies? | YES/NO |
| 9. Allergic to penicillin? | YES/NO |
| 10. Special dietary requirements? | YES/NO |

If the answer to any of these questions is yes, please give as many details as possible:

Does the athlete take any regular medication? YES/NO
If so, what?





Emergency Contact Details

Name 1:	Name 2:
Relationship to individual:	Relationship to individual:
Home Tel:	Home Tel:
Work Tel:	Work Tel:
Mobile Tel:	Mobile Tel:

