



Under 18 Registration including Medical Consent.

NOTE on Registration/Acceptance

Returning the registration documents is not a commitment, and the information will be treated in the strictest confidence. On receipt of registration, the BSA office will contact you to discuss the application.

TRAINEE'S NAME	M/F	Date of Birth	_____
Address	_____	BASS Reg	_____
Parent Names	_____	Tel (H)	_____
		Mobile - Parent	_____
		Mobile - Parent	_____
Contact email/s:		Mob * Trainee	_____

*I consent for my child to be contacted directly by staff (e.g Whatsapp group)

YES/NO (please delete as necessary)

2022/2023 Season (May 2022– April 2023)

Please specify your **intended** dates or camps and whether you require full residential or outlier. The dates are for guidance and can be changed before arrival, subject to availability. Please ensure that you fully understand the implications of the 90/180 days restriction that applies to UK citizens in the Schengen area countries from 01/01/2021.

Intended Dates:

Social Media

BSA uses photographs and video recordings for training purposes and occasionally would like to use them for posts on BSA social media accounts (Facebook etc.). Please indicate if you do want your child's image to be used on BSA social media.

I/we give my consent for BSA to use images of my child for publicity. **YES/NO**

MEDICAL QUESTIONNAIRE

Ski racing and race training is physically and mentally demanding. So that we can keep your child safe and well, it is extremely important that you provide as much detail as possible in your answers to the following questions/requests.

I agree to my child receiving 'over the counter' medication (e.g. Paracetamol), if deemed appropriate by the Pastoral Support Staff. YES/NO

1. Please advise if your son/daughter has suffered from any of the following:

Fainting	YES/NO	Hearing difficulty	YES/NO	Asthma	YES/NO
Heart trouble	YES/NO	Speech difficulty	YES/NO	Diabetes	YES/NO
Operations	YES/NO	Sight difficulty	YES/NO	Epilepsy	YES/NO
Serious injury	YES/NO				

Please give details of any YES answers _____

2. Please advise of any medical treatment that your child is currently undergoing.

3. Please advise of any medical investigation your child is undergoing for a yet undiagnosed condition.

4. Please provide details of any restriction on physical activity your child may have.

5. Please provide details of any allergies your child has.

6. Please provide details of any medication your child is taking.

7. Is your child able to manage their medication without supervision? YES/NO

8. Please provide details of any learning difficulties your child may have (e.g. easily distracted, difficulty following complex instructions etc.).

9. Please provide details of any dietary requirements your child has (e.g. vegetarian, gluten free etc.).

10. Is there anything else, not covered in the questions above, that we should be aware of?

Passport Information

Country of Issue:

Passport number:

Expiry Date:

Medical Insurance

Company/Provider:

Policy Number:

Contact Information:

By signing the Registration/Medical Consent Form I/We confirm the following: The information contained herein is correct and complete to the best of my/our knowledge. I/we agree to my/our child taking part in British Ski Academy (BSA) activities. I/we understand that the staff responsible for the activities will take all reasonable care of participants and that there is an element of risk to alpine ski racing.

My/our child is fully insured medically for Alpine ski racing and race training for the period required with adequate cancellation insurance. I/we understand and agree that the conditions under which the British Ski Academy operates are those which may be reasonably interpreted from the website, policy statements and published information.

I/we have read and understood the Code of Conduct. I/we agree to support BSA by ensuring that my/our child understands the expectations of behaviour and conduct when attending the BSA.

If, in the opinion of medical staff, a delay would seriously endanger my/our child's health, I/we authorise BSA staff to sign on my/our behalf, any written consent for emergency treatment required by the hospital authorities should such medical treatment (a surgical operation or injection) be deemed necessary. Please register my/our child to attend the BSA during the 2021/22 skiing year.

Parent's Signature

Dated

Print Name

Parent's Signature

Dated

Print Name