



### 18 and Over 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/FIS 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)

### 2021/2022 Summer, Autumn and Winter Season: July 2021– April 2022

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. It is imperative that BSA are made aware of all trips you have taken to or though the Schengen area that may impact the time allowed to be spent with BSA abroad.

Intended Dates:

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Time in Spent in Schengen area outside of time with BSA:

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### 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 image to be used on BSA social media.

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

## MEDICAL QUESTIONNAIRE

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

1. Please advise if you have 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 you are currently undergoing.

\_\_\_\_\_

3. Please advise of any medical investigation you are undergoing for a yet undiagnosed condition.

\_\_\_\_\_

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

\_\_\_\_\_

5. Please provide details of any allergies you have.

\_\_\_\_\_

\_\_\_\_\_

6. Please provide details of any medication you are taking

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

9. Please provide details of any dietary requirements you have (e.g. vegetarian, gluten free etc.).

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

## Medical Insurance

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Company/Provider:

Policy Number:

Contact Information:

**By signing the Registration/Medical Consent Form I confirm the following:** The information contained herein is correct and complete to the best of my knowledge. I 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.

I am fully insured medically for Alpine ski racing and race training for the period required with adequate cancellation insurance. I 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 have read and understood the Code of Conduct and agree to abide by it.

If, in the opinion of medical staff, a delay would seriously endanger my health, I authorise BSA staff to sign on my 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 me to attend the BSA during the 2021/22 skiing year.

Signature

Dated

Print Name

Parent's Signature

Dated

Print Name