



Registration including Medical Consent

TRAINEE'S NAME	M/F	Date of Birth
_____	_____	_____
Parents' Names		BASS/FIS Reg
_____		_____
Address		Tel (H)
_____		_____
_____		Mob, Mother:
_____		_____
_____		Mob, Father:
_____		_____
Contact email/s:		Mob * Trainee
_____		_____

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

YES/NO (please delete as necessary)

2020/2021 Summer, Autumn and Winter Season: May 2020– April 2021

Please specify your **intended** dates or camps and whether you require full BSA programme or elements such as living out or sports programme only. The dates are for guidance and can be changed before arrival, subject to availability.

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 not wish images of your child to be used on BSA social media .

I give my consent for BSA to use images of my child for publicity

YES/NO (Please delete as necessary)

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.

MEDICAL QUESTIONNAIRE

Is your son/daughter at present under medical care, or taking any medication, or is there any restriction on physical activity that you are aware of? YES/NO

If **YES**, please give details _____

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

Allergies YES/NO 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 Learning difficulty YES/NO

Please give details of any YES answers _____

Medical Insurance Details (Company, Policy Number, Contact no. etc.) _____

I agree to my son/daughter receiving 'over the counter' medication (e.g. paracetamol) if deemed appropriate by the pastoral support staff YES/NO

REGISTRATION & MEDICAL CONSENT

"The information contained herein is correct and complete to the best of my knowledge. I agree to my child taking part in British Ski Academy (BSA) activities. I understand that the staff responsible for the activities will take all reasonable care of participants.

Provided the delay required to obtain parental signature/s, in the opinion of the doctor or surgeon in charge, is likely to endanger my child's health or safety 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 my child to attend the BSA during the 2020/21 skiing year."

By signing the Registration Form I/We confirm the following:

He/she is fully insured for Alpine ski racing and race training for the period required with adequate cancellation insurance. 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.

Signed _____

Dated _____

Print name _____

(Mother)

Signed _____

Dated _____

Print name _____

(Father)