

**Royston Rockets
Coaching Consent Form**



RIDER INFORMATION

Name:			
Date of birth:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Address:			

MEDICAL/SPECIFIC NEEDS

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
Fits, fainting and blackouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
Regular medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
Other illness, disability or learning disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please give details:	
What if any support/modifications are needed by the coach?			

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EMERGENCY CONTACTS

Name:		Name:	
Relationship to rider:		Relationship to rider:	
Contact number:		Contact number:	

CONSENT

Consent for participation in coaching sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent for photographs and videos for club promotions	<input type="checkbox"/> Yes <input type="checkbox"/> No
All information given above is correct and to the best of my knowledge	<input type="checkbox"/> Yes
Name	
Relationship to rider if applicable	
Date	
Signature	

Coaches name	
Coaches signature	
Date	