

Competition /Excursion:

Competition /Excursion Venue:

Competition /Excursion Date/s:

Participant Details:

Name:	Date of Birth:
Home Address:	
Disability: Does the participant suffer from any illness? (asthma, epileptic seizures, allergies)? If yes, please provide details:	
Current Medication: Dosage/Frequency: <i>(Please attach a separate piece of paper if necessary.)</i>	
Allergies including medical:	
Please list any special dietary requirements we should be aware of:	

Emergency Telephone Contacts:

<i>Emergency Contact</i> Name: Home Number: Mobile:	<i>GP Details</i> Name: Surgery: Telephone No:
<i>Alternative Emergency contact:</i> Name: Home Number: Mobile:	

Consent/Acknowledgement of Terms:

1. I consent to the named person participating in the competition / excursion detailed in the accompanying correspondence.
2. I acknowledge receipt of information about the competition / excursion and understand the nature of the activities being undertaken.
3. I agree to provide the required and appropriate clothing/equipment for this competition / excursion.
4. I declare that to the best of my knowledge, I/the participant is fit to participate in the activities involved and that the medical information I have provided is accurate. I agree to notify the organisers of the competition/excursion if the information changes in anyway.
5. In the case of a medical emergency, I authorise the staff of this competition/excursion to arrange the necessary medical treatment including administering blood/anaesthetic if needed.
6. I give permission for the named person to be included in any photographs or video recording to be taken at the excursion/competition and for these images to possibly be used for marketing purposes for disability sport including newsletters, press releases, Facebook and other possible social media.

7. Signed:

Name (please print):

Date:

Forth Valley Disability Sport require to collect your personal information to enable us to safely attend events and competitions.

We will collect your name, address, date of birth, phone number, emergency phone number and medical information. Your personal information will be stored by the Team Manager and shared if required with coaches, event organisers and medical staff. The legal basis for collecting your personal information is in the vital interests of the child/ vulnerable adult, we collect emergency contact details and medical information in case of emergencies.

Your personal information will be protected, this will be stored in a safe and secure place with appropriate staff and will be destroyed after the event.

Your rights in relation to your personal information are: a right to request access to the personal information that we hold about you, if you believe that any of your personal information is inaccurate or incomplete, you have a right to request that we correct or complete