



# Parental Consent Form

(For those under the age of 18 on 12th July 2007)

## 1. Participant coordinate clause:

Name: .....

First name: .....

Address: .....

.....

.....

Telephone Number: .....

Age: ..... Date of Birth: \_\_ / \_\_ / \_\_\_\_

## 2. Health's questions:

- Does he/she suffer from allergies, diabetes, migraine, epilepsy, or any other illness or disability?

Yes      No

- If yes, give details (please use another sheet if necessary).....

.....

- Is he/she allergic to anything (e.g. antibiotics, elastoplast, aspirin or any such medicines in particular food/ drink)? Yes      No

If yes, give details.....

- Is he/she actively sensitive to penicillin? Yes            No  
If yes, give details .....
- Is he/she receiving any medical treatment at present? Yes            No  
If yes, give details .....
- Does he/she have any special dietary needs? Yes            No  
If yes, give details .....

**3. Parental consent:**

- I consent to any emergency treatment necessary. I therefore authorize the party leader/ team coordinator to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Yes            No

- We would like to use the information on this form to send you further information about the Interceltic Watersports Games 2007.

**4. Authorization to participate of interceltic watergames:**

The dates to his/her presence on the site:

From (date): \_\_ / \_\_ / \_\_\_\_            to (date): \_\_ / \_\_ / \_\_\_\_

- I consent (my son / my daughter) \_\_\_\_\_ to take part in interceltic watergames 2007 and I confirm I read information on the website ([www.jeux-nautiques.com](http://www.jeux-nautiques.com)).
- I consent (my son/my daughter) \_\_\_\_\_ to take part in interceltic watergames 2007 in accordance with general notice of race.
- I acknowledge the need for him/her to behave responsibly at all times.
- I consent (name to the team coordinator) \_\_\_\_\_ to use one's influence with my son/my daughter as a person in charge during the interceltic watergames 2007 period.

**5. Emergency coordinate clause:**

Name: .....

Home number: .....

Work number: .....

Mobile number: .....

**6. Alternative coordinate clause:**

Name: .....

Home number: .....

Work number: .....

Mobile number: .....

**7. I consent to my child:**

- being photographed
- being filmed for video and TV
- being interviewed by the press

I accept that the name of my child is quoted on the Web sites of the games, of the International Committee and I accept that its photograph can be used for the promotion of the Plays and the water sport.

Date: \_\_ / \_\_ / \_\_\_\_

Signature:

**8. Parents or legal guardian signature:**

Specify your relationship with the minor: .....

Name (in capital letter): .....

Date: \_\_ / \_\_ / \_\_\_\_

Signature:

**Make three copy of this form:**

- One for you
- One for international committee in Brittany with the registration fees: François Arbellot, Nautisme en Finistère, 1 rue de Kerbriant, 29200 BREST, FRANCE.
- A copy should also be given the team coordinator.