



## Competition Consent Form for Persons under 18 Years of Age

Kayakers Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Mobile Number: \_\_\_\_\_

Parent/Legal Guardian e-mail address: \_\_\_\_\_

Irish Canoe Union Membership Number: \_\_\_\_\_

Irish Canoe Union Affiliated Club: \_\_\_\_\_

Does the child have any medical history that the event organisers should know about? (Please outline details below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child currently under any medication?  
(If answer is yes please outline details below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





In the event of a medical emergency and I am unable to be contacted I give my consent to the medical team at the event to act in my child's best interest.

Parents/Legal Guardians Signature: \_\_\_\_\_

Is there any other relevant information the event organisers should have please outline it below.

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Event being attended: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_





**To be completed by the child participating in the event:**

I will respect team-mates, coaches, instructors, leaders, event organiser's decisions as well as players, parents and coaches, instructors and leaders from opposing teams.

I will respect the officials and their authority during event.

I will never demonstrate threatening or abusive behaviour or use foul language to other event participants

Illegal substances are forbidden at Competitions. Smoking and Alcoholic drink is forbidden at Residential accommodation where young players/minors are being accommodated.

I am in full agreement with all the terms outlined.

Signed by Child: \_\_\_\_\_

\_\_\_\_\_

I the parent or legally recognised guardian of \_\_\_\_\_ recognises that kayaking by its very nature is an extreme sport which takes place on White Water Rivers & play sites. I am also fully aware of the dangers of participating in these events and give permission for my child to do so.

Signature Parent/Legal Guardian: \_\_\_\_\_

**If you have any queries in relation to this form please contact the Public Relations Officer of the Irish FreeStyle Kayaking Committee.**

**Mail to: [pro@irishfreestyle.com](mailto:pro@irishfreestyle.com)**

