



www.carinaleaguestriathlonclub.com

## Junior Triathlon Skills Camp

### Athlete Information and Medical Details Form

#### Athlete Information

<b>Surname</b>			
<b>Camp Attending (Please Circle)</b>	Camp 1: 8-12yrs 22nd -23rd September	Camp 2: 12-16yrs 28-30th September	
<b>Given Name</b>			
<b>Date of Birth</b>		<b>Gender</b>	
<b>Address</b>			
<b>Home Number</b>		<b>Mobile Number</b>	
<b>Email Address</b>			

<b>Do you have any food allergies or special requirements?</b>			
If YES please list details			
<b>Please circle your shirt size:</b>	Kids 8 Adult Small	Kids 10 Adult Medium	Kids 12 Adult Large

#### Parent Information

<b>Mothers' Name</b>		<b>Fathers' Name</b>	
<b>Mothers' Mobile</b>		<b>Fathers' Mobile</b>	
<b>Mothers' Email Address</b>		<b>Fathers' Email Address</b>	

#### Photograph Authorisation

*I hereby authorise the camp staff to take a photo or photos of my child for educational or promotional purposes within the camp environment.*

Signed \_\_\_\_\_  
Parent

Name \_\_\_\_\_  
Parent

#### Athlete Medical Information

<b>Immunisation Details</b> [Please complete. List others as appropriate]			
<b>Injection</b>	<b>Yes</b>	<b>No</b>	<b>Date of Injection</b>
Tetanus			
Hepatitis B			

<b>Do you suffer from asthma?</b>	<b>Yes</b>	<b>No</b>
If YES list medication		
<b>Are you currently being treated by a medical practitioner or physiotherapist?</b>	<b>Yes</b>	<b>No</b>



If YES list details and any current medication.		
<b>Are you suffering from an injury or condition that is likely to be aggravated by Triathlon training?</b>	<b>Yes</b>	<b>No</b>
If YES list details.		
<b>Do you suffer from any allergies?</b>		
If YES list details of severity and treatment		
<b>Please list any other relevant medical history</b>		

<b>Family Doctor</b>		<b>Contact Number</b>	
<b>Medicare Card Number</b>			
<b>Cardholder Name</b> [1 <sup>st</sup> name on card]			
<b>Private Health Insurance Company</b>			
<b>Private Health Insurance Membership Number</b>			

**Emergency Contact Information**

<b>Name</b>	<b>Relationship to Athlete</b>	<b>Contact Details</b>

<b>Medical Authorisation</b>	
<i>I hereby authorise the obtaining on my behalf of such medical assistance as I, or if athlete is U18 my son/daughter, may require in the event of accident or illness and guarantee to meet any costs incurred. I authorise the administering of anaesthetic if deemed necessary by the medical attending officer.</i>	
Signed _____ <small>Parent or Guardian if U18</small>	Name _____ <small>Parent or Guardian if U18</small>