



## Hylton Castle and Town End Farm Boxing Club [travelling away from home]

**CONFIDENTIAL**

### 1. TRAVELLING ATHLETE

Full name of athlete	First name:	Surname:
Date of birth		
Home address with post code		
Club		
Registered number		

### 2. PARENT / GUARDIAN

Full name of parent/guardian	First name:	Surname:
Relationship		
Home address with post code		
All 24 hour contact numbers	Work:	
	Mobile:	

### 3. DETAILS OF ALTERNATIVE EMERGENCY CONTACT

Full name	Surname:	
	First name:	
Relationship		
Contact address with post code		
All 24 hour contact numbers	Work:	
	Mobile:	

### 4. DETAILS OF FAMILY DOCTOR

Practice name and address	
Name of family GP	
Contact number	

**5. DETAILS OF EVENT**

Name of event	
Full address of event	
Duration of event	
Event Activity	

**6. TRANSPORT**

Mode of transport	
Location of pick-up	
Time of pick-up	
Location of drop -off	
Time of return	

**7. SENIOR SUPERVISING MEMBER OF PARTY**

Name	
Position	
24 hr contact number	

**8. CHILD PROTECTION LEAD IF DIFFERENT TO ABOVE**

Name	
Position	
24 hr contact number	

**9. ACCOMMODATION**

Full address of accommodation	
Telephone number of accommodation	
Anticipated time of arrival	

**10. RETURN JOURNEY**

Departure date and time	
Expected time of arrival	

**DETAILS OF INSURANCES IN FORCE FOR THIS TRIP:**

**DECLARATION**

**DECLARATION BY PARENT / GUARDIAN**

I agree / do not agree to .....participating in the activities shown.

- Please outline any medication which the athlete is required to take including frequency.
  
- Indicate if you wish a supervising adult to administer this medication  
YES / NO
  
- Indicate any dietary requirements of the athlete
  
  
- Indicate any cultural requirements the athlete may have.
  
  
- Does the athlete have any allergies  
YES / NO

If YES please describe:

- Does the athlete have any contagious diseases  
YES / NO

If YES please describe:

- When did the athlete last have a Tetanus Injection      DATE:

*Please inform the club if this medical information changes in any way prior to the trip*

- *Are there any issues or concerns [which will be dealt with in the strictest confidence] that you feel the supervising adult should be aware of?*

***I have been made aware of The club's 'Child Protection Policy' found Online [www.hyltoncastleboxing.com](http://www.hyltoncastleboxing.com)***

***I fully understand the extent and limitations of the insurance cover provided by the Club.***

***I agree to my son / daughter receiving medication as instructed and any emergency dental treatment, medical or surgical treatment including anesthetic or blood transfusion as considered necessary by the competent medical authorities present.***

**FULL NAME OF PARENT OR GUARDIAN:**

**RELATIONSHIP:**

**SIGNATURE:**

**DATE:**