

NORTH REGION AIR TRAINING CORPS

CADETS PERSONAL DETAILS, MEDICAL CONSENT FORM AND CERTIFICATE OF HEALTH FOR SPORT

To be completed fully and signed by the person having parental responsibility or personally by a cadet over the age of 18 years

Surname		Forenames	
Rank	Male/Female*	ATC Sqn (Number & Name)	
Date of Birth	/ /	Wing	East Lancs
NHS Number		Nearest Main Railway Station	
Person to contact in the case of an emergency		Relationship	
Home address		Cadet's Home Tel No	
		Cadet's Mobile Tel No	
Post Code		Cadet's E- Mail address	@
Contact address during event (if different from above)		Emergency Contact Home	
		Mobile	
		Other	

I wish to take part in the following Inter Wing Event, any trials for the selection of the Regional Team and to represent the Region at the Inter Region event, if so selected. **(Circle sport)**

Swimming	Jnr Hockey	Snr Hockey	Jnr Football	Open Football	Jnr Netball
Open Netball	Snr Rugby	Jnr Rugby	Cross Country	Athletics	

Cadet below the age of 18

I, as the person responsible for the above named cadet give full consent for the cadet to take part in the above sports events. I understand that the cadet will be subject to Air Cadet care and discipline to include appearance standards, especially hair length. I also give permission to the officer in charge or his/her representative to act as the person in loco parentis should the cadet have to undergo medical treatment including any emergency operation to which I am unable physically to give consent

Signed

(Person with parental responsibility)
Name in Block Capitals

Date

Cadet Over the age of 18

I wish to participate in the above Air Training Corps Sports Event
I understand and accept that I will be subject to RAF care and discipline. I also accept that I must conform to all appearance standards in the nature of dress and especially hair length

Signed

(Cadet over the age of 18)
Name in Block Capitals

Date

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained for legal reasons. Only such data as is relevant to the cadet's attendance at the ATC Sports Event will be used/retained. Your signature above confirms your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the cadet

REGARDLESS OF THE CADET'S MEDICAL CONDITION THE CERTIFICATE OF HEALTH OVERLEAF MUST BE COMPLETED FULLY, INCLUDING DOCTOR'S DETAILS AND SIGNED. ATTACH ANY NECESSARY DOCUMENTATION TO EXPLAIN A CONDITION THAT A CADET MAY SUFFER FROM OR HAVE SUFFERED IN THE PAST.

* delete as appropriate

NORTH REGION

CERTIFICATE OF HEALTH AND DECLARATION OF FITNESS FOR SPORT

TO BE COMPLETED BY ALL PARTICIPANTS

1. I take the following medication

Medication	Medical Condition
-------------------	--------------------------

Do you need to have your medication with you during the sports activity? Yes/No*
 If yes – how is the form of medication taken?

If yes – please ensure that you carry your medication with you at all times and that the officer in charge is informed of your medication on arrival at the competition

2. Do you now or have you suffered from any of the following? - If yes please provide relevant details

	Details
Asthma	Yes/No*
Allergies	Yes/No*
Heart Complaints	Yes/No*
Head Injuries	Yes/No*
Diabetes	Yes/No*
Epilepsy	Yes/No*

3. Have you had the following inoculations?

Tetanus	Yes/No*	Date
Polio	Yes/No*	Date
BCG	Yes/No*	Date
Hepatitis A	Yes/No*	Date
Hepatitis B	Yes/No*	Date

4. Doctors Details

Name	Address	Telephone Numbers
		During hours
		Outside Hours

5. Other Details

Is there anything that we should be aware of which might affect you or your participation in this sport? If so please provide appropriate details

6. Declaration

I understand that I should be well prepared, physically and sufficiently fit to take part in this ATC Sports Event. I have declared all medical matters that may affect my participation in this Sports Event and I will inform the Officer in Charge of any additional medical matter that occurs after the date of signing this form

Signed (Cadet)..... Date.....

Countersigned.....
 (Person having parental responsibility for a cadet under the age of 18 years only)

* delete as appropriate