

Fitness Challenge, Parental/Guardian consent form.

Date: Club name:

Instructor’s name:

Mobile: Email:

**Consent**: I hereby agree to:

Participating in the Muaythai European fitness challenge. In the case of an emergency or accident, I give full consent as parent /guardian for the club instructor to act appropriately.

**Medical**: Please advise/list any physical or medical conditions that may affect the ability to participate safely in this fitness program such as: heart condition, drug issues, epilepsy, asthma, diabetes, anger management. We do not readily exclude any person because of their medical needs; however, it is essential that we have details in order to offer the best standards of care in case of an emergency or accident. Also, in the event of a program health and care plan being devised for those with restricted abilities.

List:

Please detail any medication or prescription drugs currently being taken.

List:

Photographs and recordings will at times be taken and maybe used in publications on social media for publicity purposes in the forwarding of the Muaythai fitness challenge. By signing this form, you are giving your consent to the above.

Signature of parent/guardian:

Parent/guardian contact details:

Name: Contact number:

Signature of club instructor: