



English Indoor Bowling Association Ltd

David Cornwell House, Bowling Green, Melton Mowbray, Leicestershire LE13 0FA

Tel: 01664 481 900 Fax: 01664 482 888

Email: enquiries@eiba.co.uk Website: www.eiba.co.uk

CONSENT FORM FOR PARENTS/GUARDIANS OF UNDER 18 ATHLETES

Covering period 1st January – 31st December, 2018

To be completed by Parents/Guardian and Athlete

Name of Child ("Athlete"): _____ Date of Birth _____

In the interest of your child, it is essential to know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying English Indoor Bowling Association Ltd (EIBA Ltd) officials should be aware. Please also indicate any prescribed medication, etc. Continue if necessary on a separate sheet securely attached to this form.

Child's Doctor's Name _____

Address: _____

Telephone No. _____ Child's National Health No. _____

I (Full name of Parent/Guardian) _____ declare that I am the person having parental responsibility of the above child ("the Athlete") and that I have full capacity to give consent to the following:-

A – GENERAL

The Athlete taking part in EIBA Ltd activities and acknowledge that the EIBA Ltd will take all reasonable care of him/her. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, and accept that such practitioner will need to be informed of any condition and/or medication disclosed above.

B - PHOTOGRAPHS

The Athlete being photographed during EIBA Ltd activities. If photos are taken, only accredited photographers will be used by the EIBA Ltd. The images produced will be for use in the EIBA Ltd Yearbook, website, promotional literature and EIBA Ltd and other bowls publications. These photos will convey the best principles and aspects of bowls.

C – ANTI-DOPING PROCEDURES

I consent to the taking of a blood or urine sample from the Athlete as required by the anti-doping rules of the EIBA Ltd. I have read and understood the anti-doping rules of the EIBA Ltd and I hereby:

- agree that the Athlete will be bound by and comply with the provisions set out in the anti-doping rules and will submit to the authority and jurisdiction of the EIBA Ltd and any designee(s) of the EIBA Ltd, including UK Anti-Doping, to apply, police and enforce the rules; and
- consent and agree to the taking of a blood or urine sample from the Athlete for the purposes of official anti-doping Testing (whether such Testing is organized by the EIBA Ltd, UK Anti-Doping or any other official body) during the period as stated above in accordance with the procedures set out in the UK Anti-Doping Procedures for Testing.

Further Information can be found at:

EIBA website – www.eiba.co.uk/Guidance/guidanceindex.php

UK Anti-Doping website – <http://www.ukad.org.uk/support-personnel/testing-procedures-under-18>

Full name of Parent/Guardian _____

Signature of Parent/Guardian _____ Relationship i.e. (Mother) _____

Address: _____

_____ County _____ Post Code _____

Telephone No: (Home) _____ (Work) _____ (Mobile) _____

Full name of Athlete _____

Signature of Athlete _____

Address: _____

_____ County _____ Post Code _____

Telephone No: (Home) _____ (Work) _____ (Mobile) _____

Please note: If you require further information of EIBA Ltd activities, or have any concerns regarding your child's participation, please contact the English Indoor Bowling Association Ltd Chief Operating Executive.