



## SYNQUATICS Consent Form

Please fill out and return to your SYNQUATICS representative.

### Personal Details:

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
Date of Birth (DD/MM/YY): \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Father's Name & Contact Telephone Number: \_\_\_\_\_  
Mother's Name & Contact Telephone Number: \_\_\_\_\_  
Contact Email Address \_\_\_\_\_

### Health:

At SYNQUATICS, your child's safety is our utmost concern. To enable us to keep your child safe at all times, please provide us with the following information:

My Child has the following medical condition: \_\_\_\_\_  
My Child has the following allergy: \_\_\_\_\_  
Any Additional required: \_\_\_\_\_

### Safety:

All SYNQUATICS staff are first aid qualified and will deal with every incident in the appropriate manner. SYNQUATICS proposes that should a serious incident occur then children be immediately taken for emergency medical attention at the nearest hospital or clinic. Parents will of course be informed immediately and will be requested to meet an SYNQUATICS representative at the nominated hospital or clinic.

### Photography:

I give my permission for my son/daughter to be photographed by an official SYNQUATICS photographer during their chosen activity and I accept that appropriate images may be used by SYNQUATICS for promotional and advertising purposes.

### Synchronised Swimming (Complete only if applicable)

Please tick one of the following options

- My child cannot swim  
 My child cannot swim more than 10 metres unassisted  
 My child can swim more than 10 metres

### Disclaimer

I give permission for my son/daughter to participate in the SYNQUATICS Sports programme. I will not hold SYNQUATICS responsible for any loss, damage or injury to the participant or his/her belongings or claim for any injury or impairment the participant may incur during the duration of SYNQUATICS activity. I also understand that SYNQUATICS reserves the right to make any necessary changes to the programme, prior to, or during the sports activity.

I agree to the terms and conditions set out above and give permission for any of the highlighted procedures to be implemented should they be required.

Signed: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Date: \_\_\_\_\_