



# AUSTRALIAN WEIGHTLIFTING FEDERATION LIMITED

## POLICY 8

### PARENTAL & MEDICAL CONSENT FORM

***This By-law is made by the Australian Weightlifting Federation Limited (AWF) Board under Clause 20 of the AWF Constitution. It is binding on AWF and all members of AWF.***

***Approved by the AWF Board on 12<sup>th</sup> June, 2014***



**PARENTAL CONSENT FORM  
FOR MINORS (UNDER 18)**

I hereby give my consent for my child:

Child's Name.....

To participate in any activity arranged, or participated in, by the Australian Weightlifting Federation Limited during the \_\_\_\_\_ Weightlifting Championships that will take place in \_\_\_\_\_ during the period \_\_\_\_ \_\_\_\_, 201\_\_.

I hereby give my permission for my child to use such known forms of transport, including air transport, for such travelling as may be deemed necessary.

I agree that, during the period of the aforesaid \_\_\_\_\_ Weightlifting Championships in which my child participates, and during such travelling and other activities as may be deemed necessary, my child shall be under the direction of transport chaperones or the persons duly appointed in charge of the Team in which he/she is included.

My child and I have read, understand and agree to abide by the conditions of the Team Member Declaration as depicted through our signature sign-off.

Signed ..... (Parent / Guardian)

Printed Name.....(Parent /Guardian)

Date: ...../...../.....



### TEAM MEMBER'S DECLARATION

As a selected member of an Australian Weightlifting Federation Limited (AWF) team I declare that whilst acting as a member of said team, including time spent in transit to and from the place of competition/camp, I will:

- Obey all lawful and reasonable directions of the team officials appointed by the AWF.
- Obey all rules applicable to the place of team accommodation and respect and show due care for the property of others.
- Show due care and consideration for fellow team members, team officials, competition officials and members of the general public.
- Not smoke if under the age of 18 years.
- Not smoke within the confines of the designated team accommodation regardless of any entitlement that I may have to do so.
- Not partake of alcoholic beverages if under the age of 18 years.
- Not partake of alcoholic beverages within the confines of the designated team accommodation regardless of any entitlement that I may have to do so.
- Conduct myself in a manner which reflects favourably on me and on the Australian Weightlifting Federation Limited.
- Accept full responsibility for any charge, claim, injury, damage or liability arising from, or caused by, or associated with, a breach of this code in part or in its entirety, by me.

Name -----

Parent/guardian \* -----

Date -----

Date -----

Signature -----

Signature -----



\* Parent/guardian also required to sign if the team member is under 18 years of age.



**AWF MEDICAL INFORMATION AND CONSENT FORM**  
**CONFIDENTIAL**

Please sign below.

I/We of (address) \_\_\_\_\_  
\_\_\_\_\_

provide consent to AWF team officials for the \_\_\_\_\_ Weightlifting Championships taking place in \_\_\_\_\_ during the period \_\_ \_\_\_\_, 201\_\_ seeking medical or dental advice on behalf of my/our child as they see fit in the event of accident or illness. If, in the opinion of the attending medical or dental practitioner or medical officer, my/our child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, I/we consent to such medical or dental practitioner or medical officer giving such treatment.

I/we certify that the accompanying team officials will take all reasonable care of my child, however, neither they nor the AWF will be responsible for the cost of any medical or dental attention or treatment administered to my child.

The accompanying team officials will not be responsible for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.

Parent/Guardian: .....

(Signature)

Child:.....



Parental & Medical Consent Form

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Date:...../...../ 20

(Signature)



**AWF TEAM MEMBER MEDICAL DETAILS**

Name: .....

Address:.....

.....

Telephone/Mobile

No:.....

Date of Birth:..... Passport

Number:.....

1. Emergency Contacts

(i).

Name.....

Relationship to

athlete:.....

Phone: (hm).....

(wk).....

(ii)

Name.....

Relationship to

athlete:.....

Phone: (hm).....

(wk) .....

2. Does your child have any special dietary requirements?  YES  NO

If yes, please give

details: .....



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3. Please indicate if your child suffers from any medical conditions that AWF team officials should be aware of: .....

.....  
.....

4. If your child requires medication, please provide the following information:

a) Name of medication:.....

b) Dosage:.....  
..

c) Time(s) dosage to be taken: .....

Any other details:.....

5. Does your child have any allergies/intolerances to anything, including medications?

YES  NO

If yes, please specify (include appropriate treatment).....

Blood Type (if known):.....

6. Date of last injection for Hepatitis B: TETANUS:.....

7. Is there any other relevant information the AWF team officials should be aware of?



## Parental & Medical Consent Form

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**PLEASE NOTE:** team members are required to carry and administer their own medication. Back-up medication is advisable. Team members must advise the accompanying team officials when they self-administer any medication.