



WELSH ATHLETICS
ATHLETAU CYMRU

Welfare Form

Event				Event Date	
Athlete Name				Date of Birth	
Address					
				Post Code	
Telephone	Home		Mobile		
Passport Number			Expiry Date		
Next of Kin			Emergency Number		
Address					
				Post Code	
Contact details of responsible person if next of kin are unobtainable					
Name					
Address					
				Post Code	
Telephone	Home		Mobile		
List any medical facts / conditions Welsh Athletics Should be aware of (i.e. asthma, allergies or medication being taken)					
Do You suffer from asthma					
List asthma medication					
Do you have any allergies?					
Please list your allergies					
Are you currently taking any medication					
Please list your medication and why you need this					
Have you received a tetanus injection in the last five years?					
Name of GP			Telephone		
Any other matters team managers in an emergency should know					
I am fit to travel with the team on this occasion:			Signature		

SENIOR / U20 ATHLETES, COACHES, TEAM MANAGERS & SMTS

I hereby authorise the Team Manager / Coach / Doctor / Physiotherapist to act on my behalf, with regards to me in the event of an emergency, (WA Ltd will determine whether an event is an emergency, in it's absolute discretion) and to sign on my behalf any consent for as required by legal agencies. I also consent to submitting to the Doping Control procedures in force at this event

Signature _____

Date _____

UNDER 18 ATHLETES:

I hereby authorise the Team Manager / Coach / Doctor / Physiotherapist to act on my son's / daughter's behalf, with regards to him / her in the event of an emergency, (WA Ltd will determine whether an event is an emergency, in it's absolute discretion) and to sign on his / her behalf any consent for as required by legal agencies. I also consent to him / her submitting to the Doping Control procedures in force at this event

Signature _____

Date _____