



Parental Approval Form

Atlantic Watersports Games 2010

(For those under 18 on July 31st 2010)

1. Name of the Participant:

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2. Address:

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3. Phone Number:

4. Age: **Date of Birth:** __/__/----

5. Emergency Address and/ or Phone (if different from above):

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6. I. Does he/she suffer from allergies, diabetes, migraine, epilepsy, or any other illness or disability?

Yes No

If so, give details (use another sheet if necessary).....

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II. Is he/she allergic to anything (e.g. antibiotics, Elastoplasts, aspirin or any such medicines in particular food/ drink)? Yes No

If so, give details.....

III. Is he/she sensitive to penicillin? Yes No



If so, give details.....

IV. Is he/she receiving any medical treatment at the moment? Yes No

If so, give details.....

V. Date of last anti-tetanus injection.....

VI. Does he/she have any special dietary needs? Yes No

If so, give details.....

7. I have read and understood the Notice of Atlantic Watersports Games and I agree to be bound by its contents: Yes No

8. I confirm that my child has adequate insurance in accordance with the Notice of games:
Yes No

9. Parental Consent:

I. I have read the information provided and agree to my son/ daughter taking part in the above activities. Yes No

II. I acknowledge my child has to show a good behaviour at any time.

Yes No

III. I consent to any necessary emergency treatment. I therefore authorize the party leader/ team co-coordinator to sign, on my behalf, any written form of consent required by the hospital authorities if a medical treatment (a surgical operation or injection) seems necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Yes No



IV. I consent to my child:

- being photographed
- being filmed for a video or the TV
- being interviewed by the press:

I allow the International Committee and the organization Committee to broadcast, via the website, all the information useful for the promotion regatta, including the name, and to broadcast all the pictures taken during the competition and linked to it.

10. Please return this form, together with any payment required to: Comité International des Jeux Nautiques Interceltiques et de l'Espace Atlantique, 1, Rue Kerbriant, 29200 Brest, France. A copy should also be given to the team co-coordinator.

11. The data you give will be collected by the International Committee of the Interceltic and Atlantic Watersports Games. The purpose is to create a list of competitors who will participate to the 2010 Games. The data collected will be shared with the organizers of the Atlantic Watersports games 2010 for the administration of the Games, including the posting of the results on a website and the contact with competitors for marketing purposes.

We would like to use the information on this form to send you further information about the Atlantic Watersports Games 2010. Please tick this box if you do not consent to this.

The organizers of the Atlantic Watersports Games 2010 will process your data in accordance with the Data Protection Act 1998 and may share this data with third parties when it is required to do so by law. If you have any concerns or queries regarding the processing of your data, please contact the Comité International des Jeux Nautiques Interceltiques et de l'Espace Atlantique, 1, Rue Kerbriant, 29200 Brest, France. (contact@jniea.eu)