**Guides for Gold - Consent Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the statements below and sign at the bottom of the page to confirm that you are happy to continue with paratriathlon guide testing. If you have any queries please just ask a member of staff. If you are under 18 your parent or guardian will also have to confirm they have read the statements below and provide their name, signature and a contact telephone number.

1. I have had time to consider whether I want to take part in the paratriathlon guide testing and I have had the opportunity to ask questions about the testing and have received satisfactory answers to all my questions.
2. I understand that (if required by the assessment procedures) I will be carrying out physical exercise and that there are possible side-effects such as episodes of transient light headedness, fainting, abnormal blood pressure, chest discomfort, and nausea. I understand that such side effects may occur, though the British Triathlon (BTF) coaches, scientists and practitioners will take proper care in the conduct of the assessment.
3. I understand that I can withdraw myself from any of the assessments at any time without giving a reason for withdrawing.
4. I have told the BTF scientists and practitioners, coaches and medical staff conducting the assessment about any illness and/or injury, physical defect I have and any medication I am currently taking.
5. I consent to the collection and processing of information (including personal information, assessment data and information about my health and wellbeing) and to this information being passed to staff at the English Institute of Sport.
6. I consent that the information (including personal information, assessment data and information about my health and wellbeing) collected as part of the Guides for Gold Programme will be stored electronically for a period felt appropriate.
7. I confirm that I am in a suitable condition for physical assessment.
8. I consent to any photography, of me can be used by BTF or the English Institute of Sport.

Signed by athlete: Date:

Parent/ Guardian signature:

(if athlete under 18)

Parent/ Guardian Name: Contact number:

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**Guides for Gold – Medical Questionnaire**

Please circle your answer and provide as much detail as possible if applicable.

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| --- | --- | --- |
| 1. Are you on any prescribed medication? | YES | NO |
| *If you answered yes, please provide details of your prescribed medication* | | |
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|  |  |  |
| 1. Are you taking any dietary supplements? | YES | NO |
| *If you answered yes, please provide details of the supplements you take* | | |
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| 1. Have you ever had any shortness of breath, chest pain, or collapsed during or immediately after exercise? | YES | NO |
| *If you answered yes, please provide details* | | |
|  | | |
|  |  |  |
| 1. Are you suffering from a current illness requiring medication and/or follow up care? | YES | NO |
| *If you answered yes, please provide details* | | |
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| --- | --- | --- |
| 1. Are you suffering from a current injury? | YES | NO |
| *If you answered yes, please provide details* | | |
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| --- | --- | --- |
| 1. Have you ever suffered from an injury or illness causing time loss from sport or requiring ongoing management? | YES | NO |
| *If you answered yes, please provide details of the type of injury, the year it took place and how long you were unable to train and/or compete*   |  |  |  |  | | --- | --- | --- | --- | | Injury | Date of injury | Time not training fully | Management | | *e.g ankle sprain* | *2015* | *4 weeks* | *6 weeks of physio* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Please continue below if required. | | |

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| --- | --- | --- |
| 1. Have you had surgery in the last year that has required rehabilitation afterwards to return to sport? | YES | NO |
| *If you answered yes, please provide details* | | |
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Please sign below to confirm that the information that you have provided is accurate. Failure to disclose relevant information may impact on your future eligibility for programme.

Signed by athlete: Date: