



PARENTAL AGREEMENT FORM

Isle of Man TT Races 2018 - Scouts

ACU Events Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Event: Isle of Man TT Races 2018..... Organisers: ACU Events Ltd.....
Venue: Isle of Man TT Mountain Circuit..... Date of Event: 26th May to 8th June (9th June if postponed) ...
Permit No: ACU 49133.....

SCOUTS DETAILS

Surname: First Name(s):
Address:
.....
Postcode: Telephone:
Date of Birth:

*This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting.
The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook.*

MOTOR SPORT CAN BE DANGEROUS.

Despite the organisers taking all reasonable precautions, unavoidable accidents can happen. Please explain to your child that he/she must comply with all instructions of marshals and notices and remain in permitted areas only.

THEY ARE CONCERNED WITH HIS/HER SAFETY.

Declaration

I _____ the parent/person with parental responsibility of _____
(child's name) hereinafter referred to as "my child" accept that my child may participate in the aforementioned meeting. I
declare as follows:-

I have read and understand the "Acknowledgement of the risks of Motor Sport" which appears above. I accept that
photographs or video footage may be taken of my child by officials dealing with safety issues or accident investigations.
Photographs may also be taken for promotional purposes and may appear on the ACU website or in ACU publications.

Signature(s) of Parent(s) or Guardians _____

Date _____

Address if different from above _____

NO BACK TO BACK PRINTING – SEPARATE SHEETS PLEASE

**This form must be bought along on the first day of attendance.
It must not be posted to the address at the top of this form.**

SCOUT ASSOCIATION – ISLE OF MAN

CONTACT & MEDICAL INFORMATION



Note: The medical profession takes the view that parent's consent to medical treatment cannot be delegated. This view is explicit in the child Act 1989 (UK). Thus medical consent forms have no legal status and a doctor / nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents signing the statement below. However it can be a comfort to medical staff to have general consent in advance from parents or to have a Leader on hand able to sign forms required by medical authorities.

We ask for the information below, so that we are aware of any allergies / medical conditions and who to contact in an emergency. It is important that all those taking part hand in a fully completed form on their first day of attendance.

Full Name	
Address	
Telephone & Email	
Age & Date of Birth	
Scout Group or Explorer Unit	

To be completed by your Parent or Guardian:

National Health No. (very important)	
Date of last Tetanus Immunisation	
Regular Medicines being taken	
Food / Medicine Allergies	
Special Dietary Needs	
Name & Address of Doctor	
Emergency Contact Names & Numbers	

Any other information we should be aware of:

I understand that if it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the activity to sign any document required by the medical authorities (see note above).

Signature of Parent / Guardian	
Date	

This form will be destroyed after the completion of the activity it was intended for, unless medical treatment was required.

28. March 2017

THIS FORM MUST BE HANDED IN ON THE FIRST DAY OF ATTENDANCE TOGETHER WITH THE COMPLETED PARENTAL AGREEMENT FORM.

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