



ATLANTIC GAMES
ORIO - ZARAUTZ - 2015

Atlantic Games Orio y Zarautz - 13-17 de Julio 2015

PARENTAL APPROVAL FORM
(For those under 18 on July 13th 2015)

REGION :

SPORT :

1. Name of the Participant:

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2. Address:

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3. Phone Number:

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

5. Name, Address and Phone (if different from above) of the emergency contact :

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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).....

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 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 to the organizer of the Atlantic Games by email to registrations@atlanticgames2015.com **before Friday, June 26**. A copy should also be given to the team co-coordinator, and a second one kept with you.

11. The data you give will be collected by the International Committee of the Atlantic Watersports Games. The purpose is to create a list of competitors who will participate to the Games. The data collected will be shared with the organizers of the Atlantic Games 2015 for the administration of the Games, including the posting of the results on the website www.atlanticgames.eu 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 Games 2015. Please tick this box if you do not consent to this.

The organizers of the Atlantic Games 2015 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 Atlantiques, C/O NEF, 11 rue Théodore Le Hars - BP 1334, 29103 Quimper, France. (contact@atlanticgames.eu)

Date

Signature