

FEDERATION OF ARTISTIC ROLLER SKATING

**PARENTAL CONSENT TO PARTICIPATION IN ARTISTIC ROLLER SKATING
ACTIVITIES**

Details of child or young person:

First Name:	Surname	Parent or Guardian name:
.....		
Address:		
Post Code: Telephone Number(s): E-mail address		

N.B. The Postcode **MUST** be completed.

DD / MM / YY

Date of Birth

Sex M..... F..... (Tick M or F)

“Home” Club or Organisation.
F. A. R. S. discipline: * SOLO DANCE / COUPLES DANCE / PAIRS / FIGURES / FREE SKATING.
F. A. R. S. Starting level: * MINI / MINOR / ELEMENTARY / CADET / YOUTH / JUNIOR / SENIOR [Delete as applicable]

Medical information about your child:	
Are there any medical conditions that should be known about your child that may affect sport participation?	YES / NO
If yes give brief details:	
Is your child provided with special drugs or use of medical equipment for medical reasons?	YES / NO
Is your child to the best of your knowledge allergic to any medication?	YES / NO
If yes is answered to any of the above questions please ensure the situation is brought to the attention of an official of the Club or Organisation.	
Please name the official notified:	

I hereby give permission for the above named child or young person to participate in the sport of artistic roller skating. A Full explanation has been provided me as to the activities of the sport and the type of training/teaching that is necessary to advance in the skills required.

Signature of parent/guardian/carer:

Print name: Date:

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