



CHILD'S NAME: _____

DATE OF BIRTH: _____

MEDICAL DETAILS:

- Asthma or bronchitis YES / NO
- Heart condition, fits, fainting or blackouts YES / NO
- Severe headaches or migraine YES / NO
- Epilepsy YES / NO
- Anxiety or depression YES / NO
- Diabetes YES / NO
- Allergies to any known drugs YES / NO
- Any other allergies or reactions (nut allergy, plaster allergy, bee stings) YES / NO
- ADHD YES / NO
- Receiving any medical treatment YES / NO
- Has your child been given a Tetanus vaccination in the last ten years YES / NO
- Other illness or disability not named above YES / NO

IF YOU ANSWER 'YES' TO ANY OF THE ABOVE, PLEASE GIVE FULL DETAILS INCLUDING ANY PRESCRIPTION MEDICATION THAT HAS OR IS BEING TAKEN: _____

If my child has an accident that requires emergency treatment, I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

SAFETY, INTERVENTION AND RESTRAINT

The Grid aims to provide a safe, secure environment for all people participating in its events and all young people will be supervised during the event. Young people participating in this project are considered to be responsible for their own actions. By signing this form you accept that your child will abide by the rules of the event; failure to do so may result in the young person being sent home or excluded from the event.

ADDITIONAL INFORMATION

The Grid regularly takes photos and videos of participants in its activities and uses these for publicity purposes. Before taking images of children under the age of 18, we need parent/guardian permission. I give permission to the Grid to use images of your child for publicity purposes in brochures, press releases, on social media or on our website that are relevant to the Event. I also give permission to the Grid to process and hold necessary information.

I give permission to my minor son/daughter to participate in the The Grid Kids event. I understand that The Grid is an intensive sport activity with lots of challenges. The Grid take great care to ensure that the event is fun for all and that all health and safety guidelines are followed and implemented as according to law.

We cannot and will not tolerate any actions from individuals that may at any time put themselves or others at risk. Individuals who put themselves or others at risk in any manner will be requested to leave the race and not allowed to participate in the future & The Grid is not responsible for the actions of these individuals if they occur.

PARENTS INFORMATION:

Parents/Guardians Name: _____

Relationship to minor person: _____

EMERGENCY NAME: _____

Emergency Tel N°: _____

Email: _____

Date: _____

Signature: _____

For queries contact The Grid via email: info@thegridmalta.com

BY SIGNING THIS FORM YOU ACCEPT ALL TERMS AND CONDITIONS AND APPROVE PARTICIPATION