PARENTAL / GUARDIAN CONSENT FORM

Minor Athlete - Uganda Paralympic Committee

This form must be completed and signed before every trip involving a minor athlete.

SECTION 1: ATHLETE INFORMATION

Family Name: _____ **Given Name:** _____

Date of Birth: _____ **Age:** _____

Gender: _____ **Nationality:** _____

Sport / Discipline: _____

Paralympic Classification: _____

SDMS Number: _____

SECTION 2: TRIP / COMPETITION DETAILS

Competition / Event Name: _____

Destination Country: _____ **City / Venue:** _____

Departure Date: _____ **Return Date:** _____

Purpose of Travel: _____

Type of Travel:

□ Competition □ Training Camp □ Classification Event □ Other (specify below)

If Other, specify: _____

SECTION 3: ACCOMPANYING OFFICIALS

#	Full Name	Role / Title	Contact Number
1			
2			
3			

SECTION 4: EMERGENCY CONTACT

Please provide a contact person who can be reached in the destination country or internationally during the trip.

Contact Full Name: _____ **Relationship to Athlete:** _____

Phone (Primary): _____ **Phone (WhatsApp/Alt):** _____

Email Address: _____

Physical Address Abroad: _____

SECTION 5: MEDICAL INFORMATION & SPECIAL NEEDS

This information is required to ensure the athlete receives appropriate care during travel and competition.
Note: All medical information is treated as strictly confidential and shared only with medical personnel as needed.

Does the athlete have any known medical conditions?

□ Yes (provide details below) □ No

Medical Condition(s): _____

Current Medications: _____

Does the athlete have any known allergies?

□ Yes (provide details below) □ No

Allergy Details: _____

Blood Group:

□ A+ □ A- □ B+ □ B- □ AB+ □ AB- □ O+ □ O- □ Unknown

Physician / Doctor Name: _____

Doctor Phone: _____ **Doctor Email:** _____

Disability Classification / Equipment Needs: _____

Other Special Requirements: _____

SECTION 6: PARENT / GUARDIAN INFORMATION

MANDATORY

Family Name: _____ **Given Name:** _____

Date of Birth: _____ **Gender:** _____

Role:

□ Parent (Mother) □ Parent (Father) □ Legal Guardian □ Other

Phone (Primary): _____ **Phone (WhatsApp/Alt):** _____

Email Address: _____

Physical Address / Home District: _____

National ID / Passport Number: _____

SECTION 7: CONSENT & UNDERTAKINGS

As the Parent / Legal Guardian of the above-named athlete, I confirm that:

1. I am the parent or legal guardian of the above-named athlete and have full legal authority to grant the authorizations and consents below.
2. I authorize the above-named athlete to travel with the Uganda Paralympic Committee delegation for the purpose stated in Section 2 of this form.
3. I have read and understood the purpose of the trip and the conditions under which the athlete will participate.
4. I understand that the athlete will be under the supervision of the accompanying officials named in Section 3 and I hereby authorise those officials to act on my behalf where necessary for the welfare and participation of the athlete.
5. I authorise the accompanying team officials and/or the Chef de Mission to consent to any necessary medical treatment or emergency procedure for the athlete in the event that I cannot be reached in time.
6. I confirm that the medical information provided in Section 5 is accurate and complete to the best of my knowledge, and I undertake to notify the Uganda Paralympic Committee of any changes before departure.
7. I agree that the athlete participates in all activities connected with this trip at their own risk, with my full knowledge of the nature of such activities, and I release the Uganda Paralympic Committee and its officials from liability for accidental injury or illness unless caused by gross negligence.
8. I agree that the athlete may be photographed, filmed, or otherwise recorded during the trip and that such content may be used by the Uganda Paralympic Committee for reporting, promotion, and educational purposes.
9. I confirm that all fields of this form are accurate and I undertake to inform the Uganda Paralympic Committee of any change in circumstances before departure.

SECTION 8: DECLARATION & SIGNATURES

I CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREED TO ALL THE PROVISIONS OF THIS CONSENT FORM AND THAT MY SIGNATURE BELOW IS AUTHENTIC AND IS THE SIGNATURE OF THE PARENT / LEGAL GUARDIAN NAMED HEREIN.

FOR ATHLETES SUBJECT TO ANTI-DOPING CONTROLS: By signing this form, I as parent/guardian give my consent to the relevant anti-doping authority and their delegated third parties for the athlete to be tested including, without limitation, at their place of accommodation.

Parent/Guardian — Mandatory

Full Name (Print): _____

_____ _____

Signature of Guardian **Date**

SECTION 9: FOR OFFICIAL USE ONLY - Uganda Paralympic Committee

THE UGANDA PARALYMPIC COMMITTEE HEREBY CONFIRMS THAT:

(a) The above-named athlete is a registered member of the UPC delegation for this trip.

(b) All relevant policies and safeguarding rules have been communicated to the athlete and the guardian.

(c) The Chef de Mission/Team Leader named below has accepted safeguarding responsibility for the athlete during this trip.

Chef de Mission/Team Leader Full Name: _____ **Phone:** _____

_____ _____

Signature of Chef de Mission/Team Leader **Date**

UPC Authorised Representative: _____ **Title:** _____

_____ _____

Signature of UPC Representative **Date**

_____

UPC Official Stamp

SUBMISSION INSTRUCTIONS

This completed and signed form must be submitted to the UPC Secretariat before departure.
A copy should be retained by the parent/guardian and a copy kept by the accompanying Chef de Mission/Team Leader.