

**U. P. Athletics Association**

Affiliated to U. P. Olympic Association & Athletics Federation of India

**STATE ATHLETICS CHAMPIONSHIPS**

**Standard Operating Procedure (SOP)**

**MEDICAL SELF DECLARATION FORM**

{To be submitted by the athlete during the Championships}

I hereby declare the latest update on my Health issues (Symptoms) since last one week from the date of my Athletics event (Date: …………………..)

(Please tick Yes/No)

* **Fever**: Yes / No
* **Cough**: Yes / No
* **Difficulty in breathing**: Yes / No (Blood pressure issues)
* **Running Nose**: Yes / No
* **Sore Throat**: Yes / No
* **Fatigue**: Yes / No
* **Redness in eyes**: Yes / No
* **Any skin lesions**: Yes / No

If any declaration is found misleading, I will be held responsible for this declaration.

U.P. Athletics Association or its Officials or the organisers of the State Athletics Championships will not be responsible for any untoward happening because of this declaration.

**Name**: ……………………………………………………..

**Signature**

**Contact Details**: ……………………………………………………..

……………………………………………………..

……………………………………………………..

Mobile No.: ……………………………………………………..

Email ID: ……………………………………………………..

Date: …………………… 2021



**U. P. Athletics Association**

Affiliated to U. P. Olympic Association & Athletics Federation of India

**Standard Operating Procedure (SOP)**

**Consent Form by Parent / Guardian**

**For the Athletes below 20 years only**

I hereby confirm that, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/legal

guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby consent to the above child participating in the State Athletics Competitions conducted by U.P. Athletics Association. I have provided contact details below and undertake to inform the Organizers of any changes to this information. I confirm that all details are true & correct to my knowledge and I submit parental consent for my child to participate in any of the athletics events during the Athletics Championships.

I confirm that I have read the terms and conditions of the Competition and undertake to abide by the obligations which it imposes on me as the parent/legal guardian of the above-named child.

I acknowledge that the U.P. Athletics Association or the Organisers of State Athletics Championships are not responsible for providing adult supervision for my child except as set out in their terms and conditions.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Name of Child: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Contact Details**

Address: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent’s Mobile Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact No. (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact No. (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 ATHLETICS FEDERATION of INDIA

**Standard Operating Procedures (SOP)**

**For organizing State and National Athletics Competitions 2021**

**AFI FORM**

**Any child/children will not be allowed to participate in any ATHLETICS activity unless this form is fully completed by the Parent/Guardian & submitted with UPAA / AFI.**

1. **To be completed by PARENT/GUARDIAN with parental responsibility for the young person(s), and with full legal rights over the child/children**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_Years \* Date of Birth: \_\_\_\_\_\_ (DD)/\_\_\_\_\_\_(MM)/\_\_\_\_\_\_\_(YY)

Are there any significant health issues with the Athlete, that UPAA/AFI need to be aware about, if yes, please provide brief details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **COVID-19 Precautions**

**To prevent the spread of COVID-19 precautionary measures have been taken by the Organising Committee wherein it is required for the Parent/Guardian of the Child to ensure the following:**

1. **Did your child travel prior to the Competition? YES / NO**

If yes, please provide details

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Has your child undergone RT-PCR (Reverse transcription polymerase chain reaction) test for COVID-19 prior to the Competition?**

 **YES / NO**

1. **Is the RT-PCR report proven negative 72 hours prior to the Competition?**

 **YES / NO**

1. **Do you give consent for your child to undergo Temperature recording, sanitization process during the in-competition tests?**

**YES / NO**

1. **Does your child have any symptoms of COVID-19? (e.g. Fever, cold/cough, difficulty in breathing, sore throat, fatigue etc.)**

**YES / NO**

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 ATHLETICS FEDERATION of INDIA

**Standard Operating Procedures (SOP)**

**for organizing State and National Athletics Competitions 2020-2021**

**FORM ‘1’**

Contd.

1. **DECLARATION: Athletes with Parental Responsibility (Of Under 18 years of age)**
* I have read and fully understand that I am consenting for my child to attend a number of activities with the ……………………………………………….. Competition as well as being transported for the same.
* I am satisfied that all reasonable care will be taken for the safety of my child and the fellow athletes and that adequate staffing and safety measures have been arranged. I am aware that as a parent/guardian when attending the in-competition Activities I will be responsible for the safety and wellbeing of my child.
* I consider my child to be medically fit to participate in the activities outlines and agree to inform the organisers, if the situation changes between now and the competition date.
* I will inform the organisers of any changes in my child’s medical circumstances that may affect their involvement in activities.
* I have discussed with my child the acceptable standards of behaviour expected at all events and Athletics activities, and he/she has agreed to abide by the rules and follow instructions given by the organisers.
* I agree to my child receiving medication and any emergency dental, medical or surgical treatment, including anesthetic, as considered necessary in the event of an emergency by medical staff.
* I agree that in all circumstances, my child shall maintain social distancing norms and carry all necessary medical safety gears such as a face shield, face mask and a personal hand sanitiser.

Signed: ……………………………………(Parent/Guardian)

Name : ……………………………………………. Date: 27th December 2020

Emergency Contact Name: …………………………………………….

Emergency Contact Telephone: …………………………………………….

**Photographic & Video Consent**

I consent/do not consent to the below mentioned child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in the competition.

**Name**: ……………………………………….. **Age**: …….. Years

Signature: ………………………

Date: ………………………

Print Name: ……………………………………………

Relationship to child: ……………………………………………

Mobile No.: ………………………..

**\*~\***