

YES! THE GOVERNING COUNCIL OF THE CAT FANCY'S YOUNG EXHIBITORS' SCHEME

PARENTAL/MEDICAL CONSENT FORM

Please read this form carefully – it is a parental/medical consent form for participation in the GCCF's YES! Scheme ("the Scheme"). This Scheme is organised by/on behalf of the Governing Council of the Cat Fancy ("the GCCF"), with assistance from affiliated clubs, judges, stewards, show managers, and other persons acting on their behalf ("the Scheme Organisers").

No person under the age of 16 may be accepted into the Scheme unless this form has been read and signed by that person's parent or legal guardian.

Part 1 - Parental Consent

1.1 I hereby give my permission for the person named below ("the Candidate") to participate in the Scheme, and confirm that I know of no reason (medical or otherwise) why the Candidate would not be suitable for such.

1.2 I understand and accept that, whilst participating in the Scheme, the Candidate will be exposed to and will handle cats, and will also be in show halls in the presence of many people and cats.

1.3 Whilst the Scheme Organisers will use their best endeavours to ensure the safety and well being of the Candidate whilst participating in the Scheme, I accept and agree that cats, like all animals, can be unpredictable in nature, and therefore there is an element of risk to the Candidate, in participating in the Scheme.

In particular:-

Cats may bite and/or scratch;

Bites and scratches may result in serious illnesses or injuries; and

Exposure to cats may result in allergies or other injuries.

1.4 I understand that the Scheme Organisers are unable to obtain insurance to cover the possibility of the Candidate suffering an accident, injury or illness whilst participating in the Scheme, if the Candidate is under 16 years old. I therefore further understand that it is my responsibility to take out suitable insurance cover (or otherwise ensure that suitable insurance cover is already in place), in order to protect the Candidate in the event of any such accident, injury or illness.

Part 2 - Medical Consent

2.1 I hereby consent to medical assistance being obtained for the Candidate in the event of any accident, injury or illness occurring at any time whilst the Candidate is participating in the Scheme, or is otherwise under the care and control of the Scheme Organisers.

I agree that in the event that such medical assistance is obtained, I will immediately reimburse the Scheme Organisers for all costs and expenses incurred in connection with such.

I confirm that I have set out below all relevant information with regard to the Candidate's medical history, any ongoing medical conditions and allergies, and any current medication:-

Relevant medical history

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Ongoing medical conditions/allergies

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Current medication

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(Please note, all medication required by the Candidate whilst participating in the Scheme, including inhalers etc for asthma/allergies, **MUST** accompany the Candidate, failing which the Scheme Organisers reserve the right to exclude the Candidate from participation in the Scheme).

Part 3 - Disclaimer

I understand that no liability is accepted by the Scheme Organisers for any damage to property or financial losses, howsoever caused, arising out of the Candidate's participation in the Scheme, nor for any accident, injury or illness suffered by the Candidate, save where the said accident, injury or illness was caused by the negligence of the Scheme Organisers.

I confirm I have read and understood the above terms and conditions, and agree to the Candidate participating in the Scheme on this basis.

Signed: Date.....
Parent/Legal Guardian

Address:.....
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Postcode:.....

Email Address:.....

Telephone Number:.....

Emergency Contact Details (if different):.....

Name of Candidate:.....

Date of Birth:.....

Address/Contact Details (if different from above):.....
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**If you reside in the North of England please send this completed form to:
Mrs Daphne Butters, 12 St. Joseph's Road, Handsworth. SHEFFIELD, South Yorks. S13 9AU
Telephone: 01142 692306**

**If you reside in the South of England please send this completed form to:
Mrs G Anderson-Keeble, 9 Brenchley Rd, Rainham, Gillingham, Kent. ME8 6HD
Telephone: 01634 268579**

