

HIGH PERFORMANCE SUPPORT PROGRAM CONSENT & MEDICAL DECLARATION FORM

Please click [here](#) or scan to read the full Sports Science and Medicine Policy.



CONSENT FORM

I have read and agree to the [WGC Sports Science and Medicine Policy](#) and consent to my daughter's participation in Sports Science Sport Medicine treatment sessions and/or training at WGC.

I understand a second adult is required for all medical appointments held at WGC for gymnasts under the age of 18 and will endeavour to attend all of my daughter's appointments or nominate a trusted adult that can attend.

I understand my child (once she is training in one of the following squads Int 1, Nat 1, Int 2, Dev 1, Limited) may be given access to the on-site WGC Recovery and Wellness Room under supervision of a WGC coach or staff member and may utilise the hot/cold plunge pools and massage chairs.

I understand my child must adhere to the WGC Recovery and Wellness Room Procedure (*located within the full [WGC Sports Science and Medicine Policy](#)*).

I consent for my child to participate in all additional WGC support programs including Ballet, Pilates, Strength and Conditioning, Nutrition Workshops and Mental Fitness Training.
Please note support programs allocated to each squad will depend on gymnast's age and training hours.

I consent to WGC communicating directly with relevant medical staff (e.g. WGC physiotherapists) regarding any injury or illness my child has or may sustain and for the relevant medical staff to disclose to WGC coaches and relevant HP personnel relevant information about this injury or illness.
In doing so, this enables WGC to provide you with the most effective and efficient injury management to best support your daughter's training. You may withdraw consent at any time via written notification to the HP Manager.

Gymnast Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: / /

I consent to a student physiotherapist or myotherapist attending my child's appointments on occasion.

YES

NO

PARENT OR GUARDIAN ALTERNATIVE NOMINATION FORM

I give consent for any WGC staff member, or the adults listed below to attend my child's physiotherapy or myotherapy appointments on my behalf if I cannot attend.

First and Last Name	Relation to Child	Phone Number

HIGH PERFORMANCE SUPPORT PROGRAM CONSENT & MEDICAL DECLARATION FORM

MEDICAL DECLARATION FORM

Athlete Name: _____ DOB: / / 20 Date: / / 20

Emergency Contact: _____

Relationship to child: _____ Phone Number: 04 _____

Does your child have or ever experienced the following (please tick yes or no):	YES	NO
Any previous concussions?		
Diabetes		
Childhood epilepsy		
Dizziness or fainting		
Asthma or respiratory problems		
Previously sustained injuries: If yes, please list:		
Connective tissue disorder (or family history) e.g., ehlers danlos If yes, please specify:		
Soft tissue damage e.g., meniscal, tendon, ligament If yes, please specify:		
Previous broken bones or metal work If yes, please specify:		
Previous operations If yes, please specify:		
A bone, joint, or muscular problem or arthritis If yes, please specify:		
Allergies If yes, please list:		
Is your child taking any medication e.g., antibiotics, pain killers. If yes, please list:		

Please provide any relevant imaging reports or medical letters from previous injuries when returning this signed consent form.