

## **British Taekwondo Council Ltd**

192 High Street, West Drayton Middlesex. UB7 7BE ENGLAND Tel: 01895 459949 • Fax: 01895 430257 Email: admin@tkdcouncil.com • Website: www.tkdcouncil.com

## ANTI-DOPING PARENTAL CONSENT FORM

This form must be completed in all cases where the athlete is under the age of eighteen (18).

I	(name) confirm that I have parental / guardian
authority	
for	(athlete's name)
	that I have full parental responsibility for the above athlete and that I have full to give consent to the taking of a blood or urine sample as required by anti-doping he BTC.
I have re	ad the national anti-doping rules and I hereby:
(1)	Agree that the above athlete will be bound by and comply with the provisions set out in the anti-doping rules of the National Governing Body and will submit to the authority and jurisdiction of BTC and any designee(s),including UK Sport, to apply, police and enforce the rules; and
(2)	Consent and agree to the taking of a blood or urine sample for the purposes of official anti-doping testing (whether such testing is organised by BTC, UK Sport or any other official body) in accordance with the procedures set out in the UK Sport Procedures Guide and the International Standard for Testing.
	erstand that a refusal to provide consent may affect the athlete's involvement in events and activities.
Signa	ature of Parent / Guardian
Full n	ame of Parent / Guardian
Date_	
Signa	ature of Athlete
_	ame of Athlete

Reviewed 22/02/2016









