



**ATHLETICS FEDERATION of INDIA**  
**Standard Operating Procedures (SOP)**  
**National Athletics Competitions 2020-2021**

**Annexure 'I'**

**MEDICAL QUESTAIONNAIRE**

**Do you currently have/had any of the following symptoms within last 14 days from the date of this competition (Please tick Yes/No)**

- **Fever:** Yes / No
- **Cough:** Yes / No
- **Difficulty in breathing:** Yes / No
- **Running Nose:** Yes / No
- **Sore Throat:** Yes / No
- **Fatigue:** Yes / No
- **Redness of eyes:** Yes / No
- **Any skin lesions:** Yes / No

If any of the answer is yes, the athlete will not be allowed to participate until he has undergone a complete check up by a medical doctor at his place of residence which should be documented on the doctor's letter head and uploaded along with the online entry in AFI system.

All officials to submit this form to organizing committee official designated for this assignment.

**Name:** .....

**Signature of Athlete**

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

.....  
.....

**Mobile No.:** .....

**Email ID:** .....

**Date:** .....



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**Annexure 'II'**

**Consent Form**

I confirm that I \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_.

I hereby consent to the above child participating in the State and National Level Athletics Competitions conducted by \_\_\_\_\_. I have provided contact details below and undertake to inform the Organizers of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child to participate in all athletics activities in the competition.

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 Organiser is not responsible for providing adult supervision for my child except as set out in their terms and conditions.

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

Signature \_\_\_\_\_

**Contact Details**

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

Address \_\_\_\_\_

\_\_\_\_\_

Parent's Mobile Phone No. \_\_\_\_\_

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

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



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**FORM '1'**

In order to ensure that proposed activity is planned, agreed and safe for all, this form must be completed by the parent/guardian of the family.

**Please note that your child/children will not be able to participate in any ATHLETICS activity unless this form is fully completed and returned to the Committee.**

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

DOB \_\_\_\_\_ (DD)/\_\_\_\_\_ (MM)/\_\_\_\_\_ (YY)

Are there any significant health issues with your children that we need to be aware about.

If yes, please give brief details:

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**2. COVID-19 Precautions**

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

**a) Did your child travel prior to the Competition? YES/NO**

**If yes, please provide details**

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

**YES/NO**

**c) Is the RT-PCR report proven negative 72 hours prior to the Competition?**

**YES/NO**

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

**YES/NO**

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

**YES/NO**

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

**4. DECLARATION: Person with Parental Responsibility (Of Under 18's)**

- 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 children 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 should this situation change 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 events and activities, and they have 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 anaesthetic, 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:.....

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**State Relationship to child:** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

