



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:

2. 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:

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

If yes, please provide details

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? (e.g. Fever, cold/cough, difficulty in breathing, sore throat, fatigue etc.)

YES / NO

If yes, please provide details _____



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FORM '1'

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3. 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:

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.: