



Athlete details

Forename Surname

Date of birth DD / MM / YY Gender Male Female

Which ethnic group does your child belong to?

White Mixed Asian Black Other Prefer not to say

Which school / college does your child go to? _____

Home address & postcode

Parent / Guardian Emergency contact details :

Name _____ Relationship to athlete _____

Mobile number _____ Email address _____

Medical information

Do you consider your child to have a disability?

No Yes Prefer not to say

If yes, please let us know the nature of the disability _____

Information that you would like the coaching team to be aware of

(eg. any medical conditions, injury problems, allergies, returning to fitness after COVID-19)

Photo consent

At times the Club may wish to take photos or videos of the our athletes for the purpose of promoting & celebrating the activities of the club. Please indicate if this is acceptable to you:

Yes No

Parental Consent

- I consent to my child participating in athletics training.
- I have completed any medical details above and I consent that, in the event of any illness/accident, any necessary treatment can be administered.
- I understand that athletes will be asked to leave training sessions if they are not behaving in a 'sportsman'-like manner.

Signature (parent/guardian) _____

Date __ / __ / __