



### Registration Form - Denby Dale Athletics Club



Surname  Forename

Gender  Male  Female Date of Birth  /  /  Postcode

Mobile number  What school/college to you go to?

Email address

Which ethnic group do you consider yourself to belong to?  
 White  Mixed  Asian  Black  Other  Prefer not to say

Do you consider yourself to have a disability?  
 Yes  No  Prefer not to say

Emergency contact (If under the age of 16 section below to be completed and signed by Parent/Carer):

Name:  Relationship to you:

Phone number

#### PHOTO CONSENT

At times the Club may wish to take photos or videos of the team or individuals in it. We ensure these are safe used solely for the purposes for which they are intended, which is promotion and celebration of the activities of the Club. Please indicate if this is acceptable to you:

Yes  No

Relevant medical information: (include any allergies / injury problems)

I have completed the medical details above and I consent that, in the event of any illness/accident, any necessary treatment can be administered.

Signature:  Date:



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