

MEMBERSHIP FORM

SPORTING INFORMATION – NEW MEMBERS ONLY

Have you participated in athletics before? Yes No

If yes, where have you played the sport : (please indicate below)

Primary school

Secondary school

Local authority coaching session (s)

Club

County

Other (please specify

MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc)

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.....
.....

EMERGENCY CONTACT DETAILS

Please insert the information below to the person(s) who should be contacted in case of an incident/accident:

Contact name :.....

Emergency contact number:

JUNIOR MEMBERS ONLY

By returning this completed form , I agree to my son/daughter in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

Il understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian

Signature of parent/guardian Date:

