



## Youth Section Registration Form (2018/19)

PERSONAL DETAILS			
Name			
Address			
Postcode			
Home telephone number			
Mobile number			
E-mail address			
Date of Birth		<input type="checkbox"/> Male	<input type="checkbox"/> Female
School name		School year	
Name of any siblings in the club:			
<b>ETHNICITY</b>			
<b>A. White</b> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background (please specify):			
<b>B. Mixed</b> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (please specify):			
<b>C. Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify):			
<b>D. Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please specify):			
<b>E. Chinese or other ethnic group</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other (please specify):			
<b>DISABILITY</b>			
The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".			
Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<p>If yes, what is the nature of your disability?</p> <p><input type="checkbox"/> Visual impairment    <input type="checkbox"/> Physical disability    <input type="checkbox"/> Multiple disability</p> <p><input type="checkbox"/> Hearing impairment    <input type="checkbox"/> Learning disability    <input type="checkbox"/> Other – please specify:</p>	
<p><b>MEDICAL INFORMATION</b></p> <p>Please detail below any important information that our coaches must be aware of (e.g. asthma, epilepsy, diabetes, etc)</p>	
<p><b>EMERGENCY CONTACT DETAILS</b></p> <p>Please indicate the person(s) who should be contacted in case of an incident/accident</p>	
<p>Contact name(s):</p>	
<p>Emergency contact number(s):</p>	
<p><b>PERMISSIONS</b></p> <p>Young athletes may be taken for a run away from the track under the direct supervision of a coach and other helpers. Reflective vests will be provided. All young athletes are expected to behave in a responsible manner and the coaches cannot be held liable. Photographs may be taken for promotion and celebration of the activities of the club and video recording may be used for training purposes.</p> <p>I give permission for my son/daughter/child in my care: (Please tick boxes)</p> <p><input type="checkbox"/> To be taken for runs away from the track</p> <p><input type="checkbox"/> To be photographed or video-recorded</p>	
<p>By returning this completed form, I agree to my son/daughter/child in my care, taking part in the activities of Worcester Athletic Club.</p> <p>I 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.</p>	
<p>Name of parent/carer (Please print):</p>	
<p>Signature of parent/carer:</p>	<p>Date:</p>

**Note:** Completing this registration form does not mean that the athlete is a member of Worcester Athletic Club. A separate application form must be completed and annual subscription fee paid.