

# LYTHAM ST ANNES ROAD RUNNERS JUNIOR SECTION

## ATHLETE REGISTRATON FORM

Please Complete in Full and Return at the Next Coaching Session

### 1) Athletes Name

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
|            |             |           |

### 2) Contact Details

| Home Address | Post Code |
|--------------|-----------|
|              |           |

| Home Telephone Number | Mob No. or alternative Contact No. | Email address |
|-----------------------|------------------------------------|---------------|
|                       |                                    |               |

### 3) School Attending

|  |
|--|
|  |
|--|

### 4) Gender

|                               |                                 |
|-------------------------------|---------------------------------|
| Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|-------------------------------|---------------------------------|

### 5) Date of Birth

|     |
|-----|
| / / |
|-----|

### 6) Special Needs *(please give full details)*

|  |
|--|
|  |
|--|

### 7) Medical Information

| Any Known Medical Conditions/Allergies | Current/regular Medication |
|--|----------------------------|
|  |                            |

### 8) Other Sporting Activity

| At School | At Other Sports Clubs |
|-----------|-----------------------|
|           |                       |
|           | Name Of Club/s        |
|           |                       |

### 9) Photographic Consent

Some photographs may be taken for use in the local press and on the club's Website. England Athletics and Sport England may also ask for photographs to promote future athletics activity within the area/region. If you do not consent to your child being photographed for this purpose please tick box.

### 10) Data Protection Act

The information on this form will be entered on the club's database. It will not be disclosed to third parties other than England Athletics (the governing body) and Sport England. Both these organisations will not disclose the information to other parties. **No** details under "6) Special Needs" or "7) Medical Information" will be disclosed by the club.  
If you do not consent to your child's details being disclosed as above please tick box.

### 11) Sign and Date

| Parent/Carer Name | Signature | Date |
|-------------------|-----------|------|
|                   |           |      |