## **Athlete Details**

# **Emergency Medical Information**

Surname:			Athlete name:									
First names:			Name of family doctor:	Phone:								
Address:			Practice address:									
Email: Phone numbers:	Mobile: Work: Home:		Do you suffer from any specific medical conditions requiring medical treatment, including medication?  If Yes please give brief details	YES/NO								
Date of birth: County of birth: Were you previously If YES please give it	y a member of another club?	YES/NO	Do you suffer from any allergies?  If Yes please give brief details	YES/NO								
Date resigned from			Do you suffer from asthma	YES/NO								
With regard to Disal	bility Discrimination legislation I	am/am not disabled.	If Yes please give brief details									
	n amateur according to the defin Ison who abides by the eligibility		Is there anything else you think that we should know	w?								
Signed (athlete)		Date	Drug Testing									

Athletes should be aware that UK Athletics rules provide for possible random drug testing in all competitions. It is a condition of entry into events that athletes agree to subject themselves to these rules.

UK Athletics provides guidelines for the registration of athletes who use inhalers. Information is available on the UK Athletics website.

# YOAC Seniors



# **Individual Membership form**

Please complete the form in Capitals in BLACK ink

Higher Competition	First Claim	Please tick what status the athlete is to the club:	Club Status		Email	Mobile Telephone	Home Telephone	Post code	County	Town/City	Area	Address	Contact Details	Other Please Specify	Chinese	Black	Asian	Mixed	White	Ethnicity (please tick as appropriate)	Gender	Date of Birth	Surname	Other Names/Known as	First Name	Personal Details	Club Name
Forei	Seco	us the a																White & Black Caribbean		k as ap				as			
Foreign Athlete	Second Claim	thlete i:													C	Car		lack Car	_	propri	Male	DD					
te	Ħ	s to the													Chinese	Caribbean	Indian	ibbean	English	ate)		/ M					
		club:																			Female	$\mathbb{N}$ /					
																		White & Black African			nale [	$\vee$					
Coach	-	_													Afri	Pakistani	Black Afri	Scottish			$\vee$					$\left  \cdot \right $	
	Club Officer	Please	Volunteer Status													African	tani	can	tish		·						
	icer	tick wh	er Sta												Ш	B Whi	Whi										
		at statu	tus													Other	Bangladesh	White & Asian	Welsh								
Tech	Helper	Please tick what status of volunteer:														eq	<u>\$</u>	5	<u></u>								
Technical Officer	er	dunteer												P			Other	Other	Irish								
		• •												Prefer not to state													
														to state					Other								
Ш																											

Data provided on this form will be stored on a database managed on behalf of England Athletics by Athletics Services. Personal contact information will be used to send a competition licence / membership card and seek appropriate data clearances.