

Athlete Details

Surname:

First names:

I have read the Code of Conduct and agree to behave responsibly and to be a good ambassador for YOAC.

Signed (athlete)

Date

Photography Consent

I consent to Yeovil Olympiads AC photographing or videoing my involvement in athletics.

Name (please print):

Signed (athlete):

Date

Medical Consent Declaration

I am the parent/guardian of (please print name):

I hereby give permission for the YOAC Coach, Team Manager or other travelling adult to give the immediate necessary authority on my behalf for any emergency dental, medical or surgical treatment (including anaesthetic and blood transfusion) as recommended by the competent medical authorities present, when it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred seeking my personal consent.

Signed (parent):

Date:

Parent/Guardian Details

Contact Information – Child's Main Carer(s)

Full name(s):

Contact numbers

Home:

Work:

Mobile

Home address:

Email

Please also supply appropriate information if an adult with different address and contact details shares parental responsibility for the child.

Alternative Emergency Contact

Name:

Relationship to athlete:

Address:

Phone:

Please help us by remembering to keep the above information up to date.

Consent Declaration

This consent declaration must be completed by a Parent or Guardian on behalf of all athletes under 16 years of age.

I am the parent/guardian of (please print name):

I agree to my child becoming a member of YOAC. I have read the Health and Safety information sheet and agree to my child taking part in athletics training sessions and/or competitions at home and away facilities. I give my consent for the club to keep my and my child's details on a database. I have read the parents' and athletes' Codes of Conduct and I acknowledge the need for my child to behave responsibly and will encourage them to do so and to be a good ambassador for YOAC.

Full name (please print):

Signed (parent):

Date:

It is essential that this consent form be completed to comply with Health and Safety Regulations, Insurance conditions, and the club's Welfare Policy. We are not allowed to take your child for training or competition if this form has not been completed and returned to us.

Junior Renewals



Individual Membership form

Please complete the form in Capitals in BLACK ink

Club Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>																																							
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D	D	/	M	M	/	Y	Y	Y	Y	Y	Y	Y	Y																											
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																																							

Ethnicity (please tick as appropriate)

White	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Asian	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Black	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>					
Chinese	Chinese	<input type="checkbox"/>									
Other Please Specify										Prefer not to state	<input type="checkbox"/>

Contact Details

Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>																																							
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Club Status

Please tick what status the athlete is to the club:

First Claim Second Claim

Higher Competition Foreign Athlete

Volunteer Status

Please tick what status of volunteer:

Club Officer Helper

Coach Technical Officer

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.