

BRAINTREE & DISTRICT ATHLETIC CLUB
GENERAL INFORMATION FORM
(To be completed BEFORE an athlete's first training session)
Please fill out form in Block Capital Letters

Surname: _____ First names: _____

Address: _____

Postcode: _____

Tel. No: _____ Date of birth: _____

Contact details in the event of accident/emergency

Contact Phone numbers (mobile no. could be useful)

Name of contact and relationship to athlete _____

Covid-19

Have you, or any members of your family, had any Covid-19 symptoms in the last 14 days?	YES	NO
Have you, or any of your family recently returned from a red or amber list country?	YES	NO
Have you, or any of your family tested positive for Covid 19?	YES	NO

If you have answered yes to any of the above, YOU MAY NOT TRAIN until you have completed your Self Isolation or returned a negative test

Signed:

Dated:

Medical Conditions

Please give details of any medical conditions that our coaches/first aiders should be aware of i.e. asthma, epilepsy, migraine, allergies etc.

Non-medical conditions

Please also give any other details of non-medical conditions that our coaches should be aware of i.e. special educational needs, behavioural issues etc.

Disability

The Equality Act 2010 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term negative effect on his or her ability to do normal daily activities'.

Do you consider yourself to have a disability? YES NO

If yes what is the nature of your disability? _____

I agree to notify the club of any change in medical condition.

For the purposes of the Data Protection Act, I understand that personal details will be held on computer and used for bona fide club purposes.

I agree to complete a membership application form if I decide to continue to attend training with Braintree & District Athletic Club.

Signed: _____ (Signature of parent/carer for applicants under 18 years old)

Date: _____

Publicity

Would you please indicate your agreement or otherwise of the following:-

UNDER 18's

I agree to photographs of my son/daughter/child in my care to be used in BDAC publicity, publications, website or social media.

YES / NO (Delete as appropriate)

Signed: _____ (Signature of parent or carer)

18 AND OVER

I agree to my photograph being used in BDAC publicity, publications, website or social media.

YES / NO (Delete as appropriate)

Signed: _____