

**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 (work or 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?	<b>YES</b>	<b>NO</b>
Have you, or any of your family recently returned from a Covid 19 hotspot (Spain, Americas etc)?	<b>YES</b>	<b>NO</b>
Have you, or any of your family tested positive for Covid 19?	<b>YES</b>	<b>NO</b>

**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 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?                      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: \_\_\_\_\_