

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 _____

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: _____