## 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 acc Contact Phone numbers (mobile no.	
Name of contact and relationship to	athlete
migraine, allergies etc.	onditions that our coaches/first aiders should be aware of i.e. asthma, epilepsy,
Non-medical conditions	non-medical conditions that our coaches should be aware of i.e. special
	Ibled person as anyone with 'a physical or mental impairment, which has a ffect on his or her ability to do normal daily activities'.
If yes what is the nature of your disal	bility?
for bona fide club purposes.	ge in medical condition. tion Act, I understand that personal details will be held on computer and used application form if I decide to continue to attend training with Braintree
Signed:	(Signature of parent/carer for applicants under 18 years old)
Date:	
Publicity Would you please indicate your agre	ement or otherwise of the following:-
UNDER 18's I agree to photographs of my son/da social media.	ughter/child in my care to be used in BDAC publicity, publications, website or
YES / NO (Delete as appropriate)	Signed: (Signature of parent or carer)
18 AND OVER I agree to my photograph being used	d in BDAC publicity, publications, website or social media.
YES / NO (Delete as appropriate)	Signed: