

For official use only:

Membership No:

Start Date:

Card Issued:

Registration Form (Juniors)



LONDON HEATHSIDE

www.londonheathside.org.uk

* Information needed for eligibility for representative teams

Junior Coaches: Rachel Weston and Russell Weston.

Email: rachel@terminex.co.uk Tel: 07739 575773

About the Young Athlete

Surname	Forename:
Address:	Female/Male:
	Date of birth:
	*Town of birth:
Postcode:	*Country of birth:
Contact telephone no:	*Nationality:
School/college name:	*Borough where you live:

*Borough of School/college:

Name of parent 1:	Name of parent 2:
Telephone Parent 1:	Telephone Parent 2:
Email Parent 1:	Email Parent 2:

How did you hear about London Heathside?

The club is an equal opportunities organisation. It is the policy of the Club to promote equal opportunities for all people regardless of ability/disability, race, nationality, colour, ethnic or national origins, marital status, gender and sexual orientation, political or religious beliefs. The Club shall not knowingly act in any way that is an infringement of a member's human rights.

To help London Heathside in developing our Equal Opportunities policy, please tick one box that best describes you:

African	Bangladeshi Asian	Caribbean / West Indian	Turkish Cypriot
Indian Asian	East African Asian	Greek Cypriot	UK European
Pakistani Asian	Other Asian	Irish	Other European

Any other group (please describe):

Other England Athletics Club Membership

Do you belong to any other England Athletic-affiliated clubs? (Yes/No):

If yes, please state which club name(s):

Which will be your 1st claim club?

Fees: Under 11's - **£60.00** per term - Trial session - **£5.00** per session or Holiday Camp - **£5.00** per session
11 - 17 years - **£60.00** - annual Note: Holiday sessions must be booked and paid in advance

How to Pay termly/ annual fees ONLY:

Visit: <https://www.londonheathside.org.uk/membership>

Select: Junior Members only

Declaration (to be read and signed by parent/guardian of member)

I agree that the child / young athlete whose name appears above will be bound by the rules of London Heathside, UK Athletics and other athletics governing bodies

Signature (parent/guardian):

Date:

Consent Form (Juniors)



LONDON HEATHSIDE

About the Young Athlete

Does your child have a disability? (Yes/No):

If Yes give details:

Does your child have any specific medical conditions requiring medical treatment and/or medication? (Yes/No):

If Yes give details:

Does your child have any allergies? (Yes/No):

If Yes give details:

Does your child take any medication for asthma? (Yes/No): If Yes give details:

Any other relevant information - eg. medical, dietary, behavioural or other? (Yes, No):

If Yes give details:

Is your child *medically fit* to do physical exercise? (Yes/No):

(Professional medical clearance may be required if a child shows signs of any serious injury during training)

Doctor's Name:

Doctor's telephone number:

Consent

Medical Consent:

It may be essential at some time for the Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at London Heathside sports activities or training. Would you therefore sign below to give your consent.

I being the parent/guardian of the above named child hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/ daughter's interest in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Yes, I consent to this activity
OR, No, I do NOT consent

Photo Consent:

I acknowledge that certain activities may involve my child/children being photographed or filmed purely for archive or promotional use, and therefore advise

that :
Yes, I consent to this activity
OR

No, I do NOT consent

Data Protection

Occasionally we need to contact parent(s) about activities of the club (eg. competition entries, club newsletter and results) which we believe will be of interest to our customers/members. Please indicate in the box if you are happy to be contacted by email and/or by phone.

Email Yes / No

Phone Yes / No

Travel Arrangements

Please advise of your usual arrangements for your child's travel to and from training sessions. Please indicate and delete as appropriate:

My child is safe to go home unattended? (Yes/No):

My child is only allowed to go home with the following named persons (please list full names):

Participation

I give permission for my child _____ to participate in athletics matches on the understanding I will be given full details of the event and the travel arrangements prior to each event.

I will need to confirm attendance to one of the named coaches prior to the event and confirm collection arrangements if different to those stated above.

Please Note: For locations outside the London area, and where funding permits, we endeavour to arrange for the team to travel by coach.

Signature (parent/guardian):

Date:

Name: