

Athlete Registration Form

Please Complete in Full and Return to:

Debbie Beresford, 11 Newlands Ave, Cheadle Hulme, Cheadle, Cheshire, SK8 6NE

Venue/Programme: star:track 2009

Date:

1) Athlete Name

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| | | |

2) Home Address

| | | | | | | | |
|--------------|--|-----------|--|--|--|--|--|
| House/Street | | | | | | | |
| City/Town | | Post Code | | | | | |

| | | | |
|----------------|--|--------------|--|
| Tel. | | Mobile Phone | |
| Email Address: | | | |

3) School

| |
|--|
| |
|--|

4) Gender

| | |
|-------------------------------|---------------------------------|
| Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|-------------------------------|---------------------------------|

5) Date of Birth

| | |
|---|---|
| / | / |
|---|---|

6) Ethnicity/Race (Please tick one box)

| White | Mixed/Race | Asian/Asian British | Black/Black British | Chinese or any Other Ethnic Group |
|--|--|---|--|---|
| <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other | <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed | <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other | <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other | <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Ethnic Group not in this table |

7) Disability (Please tick appropriate box/s)

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Multiple Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Wheelchair User | <input type="checkbox"/> Other (Please State) | |

8) Medical Conditions:

| | |
|---|------------------------|
| Do you have any medical conditions or behavioural difficulties that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes please specify: |
|---|------------------------|

9) Club Membership

| | | |
|---|--|---------------|
| Are you a member of an athletics club? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Name of Club: |
| Would you like to join an athletics club? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Supervised photo's may be taken of your child during activities, please tick this box if you do not wish your child to be photographed

All information provided to Manchester Leisure Sports Development remains confidential and will not be divulged unless in the unlikely event of an emergency. I understand that by completing and submitting this form, I am giving consent for my child to participate in any relevant activity. Furthermore, I understand that should any medical treatment be necessary, every reasonable effort will be made to obtain consent of the emergency contacts. However, in an emergency, I authorise Manchester Leisure Sports development to consent on my behalf to any medical treatment that a qualified doctor feels necessary. This could include inoculations, surgery and the use of anaesthetics.

| Parent/Carer Name | Signature | Date |
|-------------------|-----------|------|
| | | |