



## Junior Athletics summer season 2017

The safety and welfare of children in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are always addressed. Please complete this form with our assurances that the information will be treated as confidential. It is the responsibility of the junior and their parent/guardian to notify Crowborough Runners if any of the details change at any time.

|                       |        |
|-----------------------|--------|
| <b>Name of Runner</b> | DOB    |
| Address               |        |
| Telephone no Home     | Mobile |

|   |                |      |
|---|----------------|------|
| <b>Parents Names</b> Father                 | Mother         |      |
| Address (not required if the same as above) | (if different) |      |
| Telephone no Home                           | Mobile         | Work |
| Email                                       |                |      |

|   |                       |
|---|-----------------------|
| <b>Emergency Contact Details (in addition to parents). Please, ensure these people are aware they have been named</b> |                       |
| Name 1  | Relationship to Child |
| Name 2  |                       |
| Contact no  | 1                     |
|   | 2                     |

**Runners Profile Form and Consent (Under 18)**



**Medical Information**

Childs Doctors Name

Tel no

Doctors Surgery Address

**Does your child experience any conditions requiring medical treatment/and or medication?**

\*Yes No (\*if yes please give details below including medication, dose and frequency)

**Does your child have any allergies?** \*Yes No (\*if yes please give details below)

**Does your child have any specific dietary requirements?** Yes\* No (\*if yes please give details below)

**What additional needs, if any does your Child have e.g. needs to administer planned medication, assistance with lifting or access, regular snacks?** Please give details below.

**The Equality Act 2010 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 your child to have a disability?**

\*Yes No (\*If yes, what is the nature of their disability)

Please circle the options below

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Visual Impairment      Hearing Impairment      Physical Disability      Learning Disability  
Multiple Disabilities      Other

**Does your child have any communication needs e.g. Non English speaker/hearing impairment/sign language user/dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully?**

### Medical Confirmations

- I agree my child does not suffer with any medical condition other than stated above
- I agree to notify Crowborough Runners of any change in medical information or allergies
- I agree being parent/guardian of the above named child, to give permission for a Crowborough Runners representative to give necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my Childs interests, in the doctors medical opinion, for any delays to be incurred by seeking my personal consent.

**Print Name** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please sign below and tick where appropriate, your consent and acknowledgement of the following statements:-**

|                |                          |  |
|----------------|--------------------------|--|
| Tick if agreed | <input type="checkbox"/> | My child can participate in all activities organised by Crowborough Runners  |
| Tick if agreed | <input type="checkbox"/> | It is my responsibility to organise the transport of my child to and from Crowborough Runners Activities. I acknowledge that in exceptional circumstances a Crowborough Runners official may transport my child. |
| Tick if agreed | <input type="checkbox"/> | I understand and consent that Crowborough Runners Representatives have a common law duty of care and, in the absence of my presence, will assume responsibility as any reasonably prudent parent would.          |

**Print Name** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

## Runners Profile Form and Consent (Under 18)



**Register of attendance:** Our Club has been awarded the Sports of England 'Club mark' accreditation. As a Club we are committed in providing a safe, effective and 'child-friendly' environment. It is therefore our policy that all athletes under the age of 16 to be signed in at the start of the training sessions and signed out at the end by a parent or guardian.

As a parent/guardian you have the option, if you wish to give us permission for your child to be able to sign themselves 'in and out' and to arrive and leave independently. If appropriate please fill in accordingly:

I give permission for my child (name of the child) \_\_\_\_\_

Name of parent/s \_\_\_\_\_

Address \_\_\_\_\_

**Please delete as appropriate:**

PART 1: To arrive and leave independently and to sign him/herself in and out of the register for all training sessions: **YES/NO**

PART 2: To be dropped off and collected occasionally by a nominated adult

Name of nominated adult: \_\_\_\_\_

Contact details of nominated adult: \_\_\_\_\_

Signed (parent/guardian) \_\_\_\_\_

Date: \_\_\_\_\_

Print name/s \_\_\_\_\_

**Payment:**

I enclose a cheque made payable to Crowborough Runners or cash for **£30.00** as my membership fee. Note that to enter competitive races, an additional UK Athletics race levy of £12.00 is payable.

Please note that the £30.00 fee covers the costs of hiring training facilities at Beacon School, renewal of training equipment, all coaching provided at venues during the training period over the summer, advice from the Club about race opportunities throughout the year, and costs associated with the Aviva athletic awards.