

# **DROMORE**

## *Athletic Club*

We are very pleased to welcome you to Dromore Athletics Club. To ensure that we have the correct contact details for you, please complete the information requested below. The club operates a 'Safeguarding Children' Policy, and has codes of conduct policies for athletes, coaches and parents. In signing this form, you are agreeing to adhere to these policies. If you are under 18, please ask your parent or guardian to sign the form before it is returned.

### **Personal Details**

First Name..... Surname .....

Home Address.....  
.....  
..... Post Code

Date of Birth.....

Tel No..... Mobile No.....

E-mail..... Gender Male  Female

### **Emergency Contact Details**

Please complete the following information to indicate the person(s) who should be contacted in case of incident/accident.

Contact name (e.g. parent/guardian):.....

Emergency contact  
number(s).....

I understand that in event of injury or illness all reasonable steps will be taken to contact the appropriate person and to deal with the injury / illness appropriately.

## Medical Information

Please state if you have any medical condition or are on any medications which the club coaches/officials would need to be aware of (e.g. asthma, epilepsy, diabetes)

.....  
.....  
.....

## Disability

Please state if you suffer from any disability.....

## Sporting Information

Have you previously competed in athletics? Yes  No

If Yes, where have you competed:

Primary School.....

Secondary School.....

Other Club .....

Other (please specify).....

Events Interested in (1).....(2).....(3).....

Personal bests (1).....(2).....(3).....

By signing this form, you are agreeing to yourself / son / daughter / child in your care taking part in the activities of the club. (Please delete as appropriate).

You are also signing to say that you have read and agree to the Club code of conduct.

Please visit the governance section of the Club website for further information:  
[www.dromore-ac.co.uk](http://www.dromore-ac.co.uk)

**Signature (parent or guardian if under 18)**.....

**Name (please print)** .....

**Please return complete form to any club coach or the club welfare officer.**

**Please also ensure that the club Photography and Recorded Images Consent Form is completed for all young athletes under 18.**