

Ripon Runners Junior Section

JUNIOR MEMBERSHIP APPLICATION FORM

First Name: Surname:

Address:
.....
.....

Post Code:

Date of Birth: Male / Female:

Home No:

Parent's Mobile:

Parent's Email:

Emergency Contact (Name & Tel No:
.....

Sporting Information

Have you taken part in running before? Yes / No

If Yes, where have you taken part?

MEDICAL INFORMATION: Please detail below any important information that our coaches should be aware of:

As a member of Ripon Runners, I agree to abide by the Club's rules, procedures, practices, codes & constitution.

Signed _____ Date: _____
Junior Member

I am aware of the **code of conduct** and agree that my child should abide by this whilst in the care of the club and I understand that a serious breach of this code may result in my child being sent home early at my expense.

By returning this form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Signed: Date:
Name: (Parent/Guardian/Carer)

Ripon Runners Junior Section

PARENTAL CONSENT FORM

Childs Details

First Name: Surname:
Address:
.....
Post Code:
Contact Tel's
.....

Photos

I have / have not given (delete as appropriate) my permission for my child to be photographed by Ripon Runners for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Parent / Carer (Please print)

Signature Date:

Health

My child is in good health and I consider Him/Her capable of taking part in athletics. I consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include use of anaesthetics which are necessary in the opinion of a medically qualified practitioner.

I also understand that whilst the club personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered by my child.

Any specific medical conditions / allergies requiring treatment &/or medication?

No

Yes (please specify)

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

Doctors name: Doctors Tel No:

Any other relevant information:
.....

Parent / Carer (Please print)

Signature Date: