

Section D: Medical Information

As the club is responsible for all members during an athletic event or training session it is vital that the following is completed:

Please detail any medical conditions, disability or behavioural problems we should be aware of before you take part in any training session or competition.

Are you on medication?(if yes, please provide details)

Are you allergic to any medication?(please detail)

Do you use an inhaler or similar preparation?

Have you received a tetanus injection in last 5 years?

Section E: Emergency Contact Details

Please insert the information below to indicate the persons who should be contacted in event of incident/accident.

Name Contact 1

Tel Number

Name Contact 2

Tel Number

It may be essential at some point for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel.

Signed

Print Name

Section F: Athlete Agreement

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in a manner befitting a Stewartry AC Athlete, when attend coaching sessions and club events.

Signed

Date

Section G: Parental/Carer Agreement

By signing this form, I agree to the named athlete taking part in the activities of the club and I have read and agree to abide by the code of conduct whenever I am present at club competitions or activities.

Signed

Date

Membership Fees 2018: Full Membership £30
Family Membership £50 (Up to 3 Athletes)

The above membership is a one off yearly membership to the club, but does not include 'Track Fees'.

Please complete the attached Direct Debit form to cover costs of 'Track Fees'. (There is NO family rate for 'Track Fees')