

HOLLAND SPORTS AC

<http://www.hollandsportsac.org.uk>

CLUB MEMBERSHIP: MEDICAL INFORMATION FORM

We are very pleased to welcome you to *Holland Sports Athletics Club*

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to Sue Knight at the track or post to address given. If you are under 16 please also ask your parents or guardian to sign this form before it is returned. We will also use this information to ensure that you are kept informed about club events.

PLEASE COMPLETE ONE FORM PER PERSON

Name:

Address:

Postcode:

Home telephone number:

Mobile:

email:

Date of birth:

Gender: Male Female

Medical information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

Name and Address of Doctor :-

Emergency contact details

To be completed by parent/carer

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

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

Emergency contact number:

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club and follow the club rules.

I understand that I will be kept informed of these activities - for example timing and transport details.

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.

Name of parent/carer:

Signature of parent/carer:

Date: