

Registration Form

Date: / /

Name.....

Date of Birth.....

School Year.....

School.....

PE Teacher.....

Previous Athletics Experience

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Other Sports or activities you take part in

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Emergency Contact

1. Name.....

Address.....

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Phone number

2. Name.....

Address.....

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Phone number

Medical Conditions.....

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Injuries.....

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How will you be arriving and leaving training?.....
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Parent/Guardian Consent:

I give permission for my child to participate in coaching sessions under the instruction of a qualified coach. I understand that they do so at their own risk. I am satisfied that my child is sufficiently responsible and competent to assume full responsibility for his/her own safety under the supervision of a qualified coach, if this is not the case I will stay on site during training. I am happy for my child to receive basic first aid care if required.

I am/am not (please delete as appropriate) happy for my child's image to appear on Birmingham Athletics Academy website and social media sites.

Signature.....

Printed name.....

Relationship to athlete.....