

To be completed by parent or guardian
PERSONAL DETAILS

NAME:.....
 ADDRESS:.....

 POST CODE:
 EMAIL:.....

TEL NO (HOME):
 DATE OF BIRTH: AGE:..... GIRL/BOY
 SCHOOL:.....
 CONTACT NAME & TEL NUMBER FOR EMERGENCY:.....

LOCAL ORGANISERS DETAILS:

MEDICAL INFORMATION
 (e.g. asthma, allergies, dietary requirements):

SCHEME ATTENDING:
I ENCLOSE A CHEQUE/POSTAL ORDER FOR £:.....
MADE PAYABLE TO:

SCHEME DATE(S):.....

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 the use of anaesthetics. I also understand that, whilst the coaches on Norwich Union star:track will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

NAME OF PARENT/GUARDIAN:.....
ADDRESS (if different from above):

SIGNED:

PHOTOGRAPHY / FILMING MAY TAKE PLACE DURING NORWICH UNION STAR:TRACK FOR PROMOTION & PUBLICITY OF THE SCHEME.
PLEASE TICK BOX IF YOU DO NOT WISH YOUR CHILD TO BE PHOTOGRAPHED OR FILMED

PLEASE RETURN TO YOUR LOCAL ORGANISER. SEE ADDRESS ABOVE

ATHLETICS DATA PROTECTION UK Athletics may pass your information to: a) the National & Regional Athletics Association and affiliated bodies. If you do not wish us to use your information for these purposes please tick here b) our official sponsors, their associated companies and other carefully selected organisations who may use it (and pass it to other companies world-wide so that they may use it) now or in the future for profiling and to keep you informed (possibly by telephone) of their products and services and to compile market research information and statistics and to use it for any other aspect of their business. If you do not wish us to use your information for these purposes please tick here

PLEASE TURN OVER FOR EQUITY POLICY FORM



EQUITY POLICY

It would be helpful to UK Athletics in establishing the development of our equity policy if you would complete this part of the form. All information is confidential.

ETHNIC ORIGIN

Choose one category from A to E and then tick the appropriate box to indicate your cultural background:

A WHITE

- British
- Irish
- Any other white background

D BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other black background

B MIXED

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background

E CHINESE OR OTHER ETHNIC GROUP

- Chinese
- Any other ethnic group

C ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability

(You may wish to use one of the following categories: visually impaired; hearing impaired; physical disability; learning disability; multiple disability).

