

# Membership Form

To be completed by a parent or carer on behalf of their child.

Child's first name(s):				Child's surname:		
DOB:	DD	MM	YYYY	Age:		
Address:						
Post Code				Telephone:		
<b>Emergency contact 1</b>						
Full name:				Relationship to child:		
E-Mail:				Telephone:		
<b>Emergency contact 2</b>						
Full name:				Relationship to child:		
E-Mail:				Telephone:		
<b>Medical information</b>					Yes	No
Does your child have a heart condition which may be aggravated by physical activity?						
Does your child feel pain in his/her chest when doing physical activity?						
In the past month, has your child had chest pain when not doing physical activity?						
Does your child lose his/her balance because of dizziness, or has your child ever lost consciousness?						
Does your child have a bone or joint problem that could be made worse by a change or increase in physical activity?						
Is your child's GP currently prescribing medication for your child?						
Does your child have epilepsy?						
Does your child have diabetes?						
Does your child have any other condition that may be affected by an increased level of physical activity?						
Do you know of any other reason why your child should not be physically active?						
Name of child's GP:						

KAC Juniors (Keswick Athletic Club)

GP's address:					
GP's phone number:					
If you answered <b>yes</b> to any of the questions, please include further details here, e.g. name of medical condition, medication prescribed etc.					
Do you have any other information about your child which may be useful for the coaches to know before your child takes any further part in KAC Juniors training sessions? If so, please give details below.					
<b>Terms and conditions</b>			Yes	No	
I agree to the details provided above being held in hard copy format and in a protected document accessible only by KAC Juniors coaches, on the understanding that the content will not be passed to any third party unless in emergency.					
I will ensure that any medication required by my child during physical activity (e.g. inhaler) will be with them at all times during KAC Juniors training sessions.					
I consent to my child undergoing any required medical treatment should the coaches be unable to establish contact with me.					
I will allow images of my child whilst at KAC Juniors training and/or races to be used in promotion/documentation of KAC Juniors events ( <b>not a condition of membership</b> ).					
I would like to be added to the KAC Juniors mailing list to enable the coaches to keep me up to date with the location of training sessions, upcoming races and other relevant information, on the understanding that my contact details will not be passed on to any third party ( <b>not a condition of membership</b> ).					
I understand that it is expected that all KAC Junior members will join Keswick Athletic Club as a junior member (£5/£20 per annum with/without EA affiliation respectively). See <a href="http://keswickac.org.uk/membership">keswickac.org.uk/membership</a> for more info.					
Should <b>any</b> of the above details change, I agree to inform one of the KAC Juniors coaches immediately to enable the records to be updated accordingly.					
Signed (parent/carer):		Date:	DD	MM	YYYY
Print name:					