

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:		Home phone:	
Emergency contact 1			
Full name:		Relationship to child:	
E-Mail:		Mobile number:	
Emergency contact 2			
Full name:		Relationship to child:	
E-Mail:		Mobile number:	
Medical information			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 yes 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.				
Terms and conditions			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 (not a condition of membership).				
Should my child experience Covid-19 symptoms of any kind, I understand that they will be unable to attend KAC Juniors training sessions for a minimum of two weeks, and I will inform a KAC Juniors coach immediately.				
I understand that, should my child be unable to behave in a suitable manner, including adhering to social distancing, they may be asked to sit out and not to attend future sessions.				
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 (not a condition of membership).				
I am aware that all necessary risk assessments are in place, however I understand the hazards inherent in sport and running, fell running in particular, and will not hold the KAC Juniors coaches or Keswick Athletic Club responsible should my child become injured during or as a result of a KAC Juniors training session.				
I understand that, in addition to training session fees, it is expected that all KAC Junior members will join Keswick Athletic Club as a junior member. See keswickac.org.uk/membership for more info.				
Should any 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:					