

Athlete Details 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:		
		School year:		
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?				

KAC Juniors (Keswick Athletic Club)

GP's address:			
GP's phone number:			
If you answered yes to any of the questions above, 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			
I agree to the details provided above being held 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.	Yes	No	
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 acknowledge that KAC Juniors accepts athletes in school Year 3 through to Year 11 (inclusive), and I can confirm that my child falls within this age range.			
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).			
I understand that, should my child be unable to behave in a suitable manner, a parent or carer may be asked to run with them or they may be asked to sit out and not to attend future sessions.			
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, although training sessions are free of charge, it is expected that all KAC Juniors will affiliate annually to Keswick Athletic Club. 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:					