

Bexhill Runners & Triathletes Junior Registration Form

DISCLAIMER AND PERSONAL HEALTH DETAILS

Please complete all relevant sections in full and return to the session leader.



Full Name of Junior Date of Birth: Age

Contact details:-

Parent/Guardian: Mob/Tel No:

Does your child suffer from any of the following:-

Allergies Yes No

Details:

Asthma Yes No

If yes, and an inhaler is used, it must be readily available at all sessions, otherwise your child will not be allowed to run

Diabetes Yes No

Details:

Epilepsy Yes No

Details:

Joint Problems Yes No

Details:

Heart/circulatory problems Yes No

Details:

Has your child ever been advised against taking part in strenuous activity? Yes No

Details:

If your child suffers from any health condition including ADHD, Autism etc. or is on medication would you please supply clear details to ensure that, where possible, their specific needs can be met?

Details:

The club cannot accept responsibility for any child who attends the sessions with an illness or injury, therefore all parents must ensure that their child is fit to attend. During the sessions, if it is thought that to continue would be detrimental to a child's health the club reserves the right to tell them to stop. The information provided will only be disclosed to those people helping with the running sessions where it is deemed necessary.

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I confirm that the above details are correct, and I give my consent for my son/daughter/ward to participate in the running club activities. I have disclosed any relevant health issues and understand they will be shared with volunteers helping with the sessions as necessary.

I also confirm that I understand that participation in sessions is entirely at my, and my child's risk and I should consult my child's doctor if my child is suffering from any condition that may be aggravated by sport activities.

Signed:
(Parent/Guardian)

Date