



SECTION A: ATHLETE DETAILS

First Name				Surname	
Address					
				Postcode	
Telephone				Mobile Number (If over 16 years of age)	
Date of Birth (DD/MM/YY)				Email Address (If over 16 years of age)	
Name and Address of School/ College					
				Postcode	
Are you a member of any other sports club? (If yes, please state which club and which sport)					
County of Birth				Preferred Events	

SECTION B: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the following section.

First Name				Surname	
Address					
				Postcode	
Telephone				Mobile Number	
Email Address					

SECTION C: PARENT/CARER HELP

One of the conditions of membership of St Neots Riverside Runners is that we ask all parents /carers to help out at club events for a few hours each year. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you would be able to help at. If there is a specific area of expertise that you feel you can bring to the club, please also indicate below.

Helping at athletic meetings	<input type="checkbox"/>	Assisting Training	<input type="checkbox"/>
Refreshment area	<input type="checkbox"/>	Team management	<input type="checkbox"/>
Fund raising	<input type="checkbox"/>	Supervision of athletes	<input type="checkbox"/>
Facility/Equipment maintenance	<input type="checkbox"/>	Committee post	<input type="checkbox"/>
Website management	<input type="checkbox"/>	(contact a committee member for more information)	
Promotion and marketing	<input type="checkbox"/>	Helping Officials	<input type="checkbox"/>
Other (please specify)			

SECTION D: MEDICAL INFORMATION

Please detail below any medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

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SECTION E: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One Name	
Emergency Contact One number:	
Emergency Contact Two Name	
Emergency Contact Two number:	

It may be essential for authorised persons acting on behalf of the club to have the authority to seek urgent medical treatment which may be required during competition or training. Please sign below to give your consent to this emergency treatment being given to the athlete named on this form

Signature	
Print Name	

SECTION F: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes, and agree to always behave in the manner befitting a St Neots Riverside Runner when attending club events.

Signature	
Print Name	

SECTION G: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition.
3. To support club activities if required.
4. To receive emails regarding club activities if I have provided an email address.

Signature	
Print Name	

Please return this form, and the payment of £10 by cheque (payable to 'Riverside Runners') to

Martyn Blackwell, Junior Coordinator
either at training or by post to 15 Otter Way, Eaton Socon, St Neots, PE19 8LB

We look forward to welcoming you and your family to the club in the near future. To find out all the latest club information please visit our website www.juniors.riverside-runners.com