



Athletics Booking Form

sport unlimited

Personal Details:

Athlete	First Name		Surname	
Please circle: MALE/FEMALE	Date of Birth		School and School Year	
Parent/Guardian	First Name		Surname	
Address				
Postcode				
Contact Info	Tel Day		Tel Evening	
	E-Mail		Mobile	
Please provide medical information relating to any medication, allergies, dietary requirements etc. your child may have:				

Disabilities:

Does your child have any disabilities that we would need to take into consideration when planning these sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

Ethnicity:

White British	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Other	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>

Parent/Guardian Consent Statement

- My child is in good health and I do not see any reason why they cannot take part.
- I have completed the medical details, and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anesthetic.
- We recommend children do not bring valuables to these sessions as Heston Sports Hall will not be held responsible for any items lost or stolen children bring from home.
- I also understand that while every precaution will be taken to ensure accidents do not happen, we cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

Please note that to help promote athletics in the London Borough of Hounslow, official photographs may be taken during our sessions. These photographs may be used for official publications or in the media.

Parent/Guardians Name (CAPITALS): _____

Signature of parent/Guardians: _____ Date: _____