



Junior Membership Form

www.marchathleticclub.co.uk

Name _____

Address _____

Postcode _____

Telephone :Home _____ Mobile _____

Emergency Contact: Name & Telephone Number _____

E-mail _____

Date of Birth _____ County of Birth (NOT Country) _____

School (current) _____

Medical Conditions _____

Coaching Sessions £10.00 per School Term (payable in advance)

Disclaimer

Note: Incidents are extremely rare at March Athletic Club however Parents/Guardians should be available on training nights in case of accidents or emergencies. Parents/Guardians of under 9's must remain at the training ground during coaching sessions. (Does not apply when at All Saints sessions)

I agree to abide by both the UKA Rules and Regulations and those of March Athletic Club.

I hereby give permission for my child to undertake in the activities provided by March Athletic Club

I confirm I have disclosed any medical conditions deemed relevant to the activities provided.

Appropriate photographs may be taken at training nights/races to be used in newspapers/leaflets etc.

Signature of Parent or Guardian _____

Date _____

Please return to:

Becky Lawrence

Junior Membership Secretary

or

hand to any of the Junior Club Coaches/officials.