

## North Down Athletic Club Membership form

Welcome to North Down Athletic Club. To ensure we have the correct information for you, please complete this form and the 'Equal Opportunities' Form and return them to the Hon. Secretary.

We will also use this information to ensure you are kept up to date about club events. Information will be held in the strictest confidence. It is important that our coaches know these details for your own safety.

Full name: .....

Address: .....

.....  
.....  
..... Postcode: .....

Date of Birth: ..... Age: .....

Tel.no: ..... Mob.no: .....

Email: .....

Gender: Male:  Female:

### Emergency Contact Details:

Emergency contact 1: Name: ..... Tel. no: .....

Emergency contact 2: Name: ..... Tel. no: .....

GP's Name: .....

GP's Tel. no: .....

Details of any known disability/  
medical condition/special dietary  
requirement or allergies: .....

If yes, please provide a brief  
description of the disability or  
medical condition: .....

Any other requirements that our  
coaches need to know about: .....

I have read and agree with North Down Athletic Club's Code of Conduct, Child Protection Policy, Use of Images Policy and the Club Constitution.

Signed: .....

Signed Parent/Guardian If under 18: .....