North Down Athletic Club

WWW.NORTHDOWNAC.CO.UK

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:

Tel.no:

Email:

Gender:

Male:

Female:

Age:

Mob.no:

Emergency Contact Details:

Emergency contact 1:

Emergency contact 2:

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:

Name:

Name:

Tel. no:

Tel. no:

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:

V.1. Mar. 2015

