

# Ashford Athletic Club

## MEMBERSHIP RENEWAL--- Julie Rose Academy 2010/11

Full Name: .....

Address: .....

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

Telephone Number: ..... Mobile Number:\* .....

E-Mail Address:\* .....

Date of Birth: ..... England Athletics affiliation No: .....

School .....School Year.....

<u>Fees</u>	Julie Rose Academy	£25.00
	England Athletics affiliation fee.	+ £ 5.00
<u>All</u> athletes must have a Club Vest (circle size below)		£15.00 .....
<i>Please circle required size of unisex vest: 28 30 32 34 36 38 40 42 44 46</i>	<b>TOTAL</b>	.....

### HEALTH QUESTIONNAIRE:

Has your doctor ever advised you are not to take vigorous exercise? YES/NO  
 Has you doctor ever said that you have heart problems? YES/NO  
 Has any family member suffered a sudden cardiac event at an early age? YES/NO  
 Do you suffer from dizziness, fainting or any other collapse, chest pain or palpitations? YES/NO  
 Do you have episodes of excessive breathlessness during exercise? YES/NO

Medical Information: eg Asthma, Allergies  
 .....  
 .....

Doctors Surgery -----Tel No.....

### PERSON WITH PARENTAL RESPONSIBILITY

My child is in good health and I consider him/her capable of taking part in athletics. I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics which are necessary in the opinion of a medically qualified practitioner. I also understand that, whilst Club/Team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Name: .....*Please Print*

Signature: .....

Telephone Number: Daytime .....Evening .....

Mobile: .....