

## Youth Development League Registration Form This page to be completed by parent/guardian

Athlete's name:	
Address:	
Parent/Guardian name:	
Parent/Guardian's Telephone Number:	
Parent/Guardian's Email address:	
Are you happy for your child to be photographed/recordings mapurposes in relation to Team Isle of Man	de and the images/recordings used for publicity Yes/No (Delete as appropriate)
Emergency contact name.	and telephone number
Alternative emergency contact name	and telephone number
Athlete's Date of Birth:	School Year:
Vest size:	Club:
Age Group Male / Female	URN Number **
** This can be found on your England Athletics Membership card	or at https://myathletics.englandathletics.org
Medical Information	
Does your child currently take any prescribed medication?	Yes/No
If yes, please state for which condition:	
Does your child suffer from any allergies?	Yes/No
If yes please list:	
Please tick boxes below if your child is available to travel off is dates:	land as part of Team IOM Youth on the following
22 <sup>nd</sup> April 2017 20 <sup>th</sup> May 2017 17th Ju	15 <sup>th</sup> July 2017
Any additional information about your child you feel we sl	hould know:
I confirm that my child's membership fees of their athletics understand that they cannot compete as part of Team IOM Signed:	Youth unless their fees are paid.



## **Youth Development League Athlete Profile**

## This page to be completed by athlete

Athlete's nar	ne:	
How long ha	ive you been in athletics:	
•	lays a week do you currently train: the events and days	
		ner name?
What events	would you like to compete in:	
What other s	ports/activities/clubs do you attend eac	h week?
Monday		Tuesday
Wednesday		Thursday
Friday		Saturday
Sunday		
Signed:		Date: