



Return completed form to the coach you will be training **with before starting the session** (who will copy to the Membership Secretary)

Guest's Details – Use a separate form for each guest. This section is for the athlete's personal details.			
First Name		Known As	
Surname		Date of Birth (DD/MM/YYYY)	
Home Address <i>Please include:</i> Town County Post Code		School Year (if applicable)	
		Home Tel:	
		Mobile Tel: (Over 16s)	
Guest's Email or Parent's email (if U18) (Please print clearly):			
NB: This email is used for all general club communications (e.g. about training, policies etc.)			
Name of previous / current athletics club & EA URN no. (if any):			
U18s Parent /Carer Details – Required for all athletes <u>under 18</u> (these details will also be used as your 1st Emergency Contact)			
Parent/Carer Name:		Relationship to athlete:	
Mobile no.:		Home Tel. no.:	
Email address (required) <i>For reasons as set out above.</i>			
Emergency Contact details - for all adult athletes 18+ (For U18s, please use this to record details of 2 nd Emergency Contact)			
Full Name:			
Relationship to guest:			
Contact Phone No.:			
Athlete's Medical Information – Please <u>write 'NONE' or 'GOOD HEALTH'</u> if you have nothing to declare. Do not leave box blank. Provide details of any medical conditions, allergies / medication (e.g. inhalers, recent operations or injuries) including any disability you have, and details of the additional support needed or anything our coaches should be aware of in order to allow safe running of training sessions.			

Wycombe Phoenix Harriers AC – Guest Membership Terms & Conditions (PLEASE READ and ensure you TICK ALL BOXES that apply):

I understand that I am agreeing to the following:

- Abide by the club's **Code of Conduct** and **Constitution** when attending training sessions, club events or representing the club. (Policies available from our website: www.wycombephoenix.org or a hardcopy is available on request).
- Agree to my personal details (as provided on this form, including medical disclosure) being stored on the club's chosen membership system and to always keep my personal and emergency contact information up to date online and as requested.
- Agree to promptly update the coach(es) if there are any changes to my/my child's medical information, as relevant to the sport.
- Give permission for my/my child's photograph to be used in promoting the club's achievement/events.
- Consent to medical treatment being given to me/my child in the event of an emergency.

NB: The club takes the protection of the data that we hold about our members seriously and will do everything possible to ensure that data is processed in accordance with current UK Data Protection legislation. A Privacy Notice can be found on our website.

Guest signature

Parent/Carer signature (for U18s only)

Print Name: _____

Print Name: _____

Date of attendance: _____