



Derbyshire and South Yorkshire Harriers



MOUNT ST MARY'S

EDUCATING MEN AND WOMEN FOR OTHERS SINCE 1842



# FEBRUARY HALF TERM STARTRACK

## YOUNG ATHLETES CAMP 14<sup>th</sup> – 16<sup>th</sup> FEBRUARY 2012 APPLICATION FORM\*

Name: \_\_\_\_\_ Boy / Girl (Please circle)

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size:  Small  Medium  Large

School: \_\_\_\_\_ Athletics Club (if applicable): \_\_\_\_\_

Preferred Event 1: \_\_\_\_\_ Preferred Event 2: \_\_\_\_\_

Contact Name and Telephone Number (for emergencies): \_\_\_\_\_

Email: \_\_\_\_\_

Medical Information (eg: allergies, asthma, dietary needs etc): \_\_\_\_\_

I enclose a cheque for £75 (this should be made payable to Mount Conferences Ltd)

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. I also understand that, whilst the coaches on Aviva Startrack 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 of Parent / Guardian: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Photography / filming may take place during this camp for promotion and publicity purposes. Please tick the box if you do not want your child to be photographed or filmed.

DISABILITY: The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment that has a substantial and long term adverse effect on his / her ability to carry out normal day to day activities. Do you consider your child to have a disability? Yes  No

Please fill in this form and send it back with your cheque enclosed in an envelope clearly marked: EASTER STARTRACK CAMP, Keith Newton, Mount St Mary's College, Spinkhill, Sheffield S21 3YL

**\* This must be filled in by a parent or guardian**