



AYR SEAFORTH ATHLETIC CLUB Athlete Recruitment Form

Please complete the following in block capitals:

Athlete's Name		
Address		
Post Code		
Date of birth		
School		Class
Emergency contacts	Home:	Mobile:
Email		
Any medical conditions		
Are you already a member of an athletics club?		

Signature of Parent/Guardian: _____

Data Protection Act: Your contact information may be used by the Club to maintain and update user records and may be used to inform you of future events. If you do not wish to receive such information, please tick this box.

From time to time, photographs/ video may be taken of sessions for promotional purposes. If you have any objections to your child being photographed or filmed, please inform us in writing.

PLEASE RETURN COMPLETED FORM TO THE REGISTRATION TEAM