

Bourne Town Harriers

Junior Membership Additional Information

NAME	
MEDICAL INFORMATION	Please detail below any important medical information that our coaches etc should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.)
EMERGENCY CONTACT NUMBERS	
Contact Name.....	
Emergency Contact Number.....	
Contact Name.....	
Emergency Contact Number.....	
<p>PARENTAL CONSENT TO BE COMPLETED FOR MEMBERS UNDER 18 YEARS OF AGE:</p> <p>Official photographs &/or videos may be taken during coaching sessions and races for the purposes of publicising and promoting the club or sport, or as a coaching aid.</p> <p>I consent / do not consent to photographs &/or videos being taken of my child's involvement in athletics (delete as appropriate)</p>	

Name of parent / guardian:

Signature of parent / guardian: Date: