

Bushfield Joggers Under 16 Junior Consent Form

Junior Applicant Information

Name:

Address Line 1:

Address Line 2:

Town:

County:

Post Code:

Date of Birth:

Phone:

Mobile:

Email:

Other Running Clubs

If your son/daughter is a member of any other running club, please give details below:

Other Running Clubs:

Medical Conditions

Please list any medical conditions that your son/daughter suffers from that may be affected by running. Please list the conditions below in confidence and sign the disclaimer beneath:

Medical
Condition 1:

Medical
Condition 2:

Medical
Condition 3:

I understand that my son/daughter will be running at their own risk and that Bushfield Joggers are not responsible for any illness or injury sustained while training at the club.

Signature of Parent:..... Date:.....

Consent Declaration

I consent to my son/daughter (name) training with senior members of Bushfield Joggers and participating in races up to 3 kilometres.

I consent do not consent to photographs of my son/daughter being taken in race events and possibly posted on the Bushfield Joggers website.

Signature of Parent:..... Date: