

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 to photographs of my son/daughter being taken in race events that may be posted on the Bushfield Joggers website and the Bushfield Joggers facebook group page, the latter of which is open only to other members of Bushfield Joggers.

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