



JUNIOR DEVELOPMENT WAITING LIST PRO FORMA ISS. 1

ATHLETE NAME:	M	F
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ATHLETE DATE OF BIRTH:	School Year Group
ADDRESS	

PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN CONTACT DETAILS:	
HOME:	WORK:
MOBILE	E mail

MEDICATION/MEDICAL INFO (if required):

SPECIAL EDUCATIONAL NEEDS (if any):

BOURNEMOUTH ATHLETIC CLUB MEMBER (Y/N)	
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Details of athletic experience Please tick as appropriate	School	Yes	No
Have you competed at a school sports day			
Have you competed at Bournemouth Schools Championships			
Have you competed at Dorset Schools Championships			
If yes to the above, please list events below with personal best times and distances achieved.			

I have received and read the Code of Conduct for **PARENTS/GUARDIANS RESPONSIBILITY** and the Code of Conduct for **YOUNG PEOPLE ENGAGED IN ATHLETIC ACTIVITIES**.

Signature of Parent/Guardian.

Date

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Further Details of Athletic Experience

Other Track & Field Competitions e.g.	Open Meetings	Yes	No
	Quadkids		
If yes to the above, please list events below with personal best times and distances achieved			
Date			

Other Competitions e.g.	Sportshall	Yes	No
	Cross Country		
If yes to the above, please list events below with personal best times and distances achieved			
Date			

Other Competitions e.g.	Junior Parkrun	Yes	No
	5k Parkrun		
If yes to the above, please list events below with personal best times and distances achieved			
Date			