

South Yorkshire Young Athletes Indoor Series 2011/2012

THIS FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OF THE ATHLETE

PARENT/GUARDIAN INFORMATION

*Name of parent or guardian

*Address

*Town *Post Code

*Phone number (inc code)

email address

ATHLETE INFORMATION

*Name of athlete

*Date of birth *Age group *M/F

*School attended

please note that athletics club members should enter via their clubs

Likely events

athlete will take part in (not binding; this is to help our planning)

*compulsory fields

Submit

Reset

Please enter the athlete named for the SY Indoor Series 20011-12

Important note: in order to ensure the safety of the athlete and in case of emergency the following will apply.

The athlete must be accompanied at all times at each and any of the four meetings by a parent, guardian or other competent authorised person. "Competent authorised person" means someone such as a teacher or friend who accompanies the athlete and is *in loco parentis* with the knowledge and consent of the parent or guardian of the athlete.

I confirm that I have read and understood the above important note and I agree to that responsibility.

Signature _____
of parent or guardian