

Northern AC RGS Summer Track League

This form should only be used if you are paid-up member of the Club for 2025/26

* Indicates required question

1. Please state email address: *

2. I confirm that the athlete is a paid-up member of the Club for 2025/26 (if not, please do not use this form, as it will be rejected) *

Check all that apply.

☐ Yes

3. Athlete's first name: *

4. Athlete's surname: *

5. Athlete Boy or Girl? *


⌵ Dropdown

Mark only one oval.

☐ Boy

☐ Girl

6. School Year of Athlete *

 Dropdown

Mark only one oval.

☐ Under 7's (School Reception and Year 1)

☐ Under 9's (School Years 2 and 3)

☐ Under 11's (School Years 4 and 5)

7. Parent or Guardian's first name: *

8. Parent or Guardian's surname: *

9. Emergency contact telephone/mobile number: *

10. I agree that:

*

- I am the Athlete's parent or appointed adult to look after the Athlete.
- The Athlete's behaviour remains my responsibility during the evening.
- It is my responsibility to ensure the Athlete has suitable attire for the event.
- The Club reserves the right to exclude the Athlete from the event, if in the opinion of the Officials, the athlete's behaviour is deemed unsuitable or uncooperative.
- The Athlete does not have a medical condition that would make it inadvisable for them to compete.
- The Club may publish results on Social Media or local press including Athlete's name, gender, age and event result.
- All entrants shall be deemed to have made him/herself familiar with, and agreed to be bound by the UKA Anti-Doping Rules (disclosed on the Club Website under "Policies") and to submit to the authority of UK Anti-Doping in the application and enforcement of the Anti-Doping Rules.
- The UKA Anti-Doping Rules apply to entrants participating in the sport of Athletics, for 12 months from the date of entry, whether or not the entrant is a citizen of, or resident in, the UK.
- I agree that the Club may pass on my contact details to the relevant Isle of Man Government Department in the event of a Covid-19 outbreak, or other serious infectious illness.

Check all that apply.

☐ Tick to confirm that you have read, understand and agree with the above terms.

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