**Confidential medical form**

Medical information:

Do you have any medical conditions or allergies (e.g. epilepsy, diabetes, asthma etc) If yes, please list below:

Are you taking any regular medications? If yes, please list below:

Athletes with Down’s Syndrome:

Do you have Down’s Syndrome? Yes  No 

If yes, please complete below:

If you are competing in the high jump event, does a medical assessment state clear of AAI? Yes  No 

If no, does the medical assessment give a recommendation to allow high jump

Yes  No 

Please include a copy of a current medical assessment signed and authorised by a medical practitioner.

Next of kin/emergency contact details

Name:

Relationships to athlete:

Address:

Postcode:

Telephone:

Date of birth: Male/female:

Telephone:

Address:

Postcode:

Athlete name:

Declaration:

I confirm the medical information given above it correct to the best of my knowledge. I understand that Mencap will hold my information for the purposes of registering for the event. 

Signature Date 

Parent/guardian signature (if under 18) 

**Entry form**

INAS (International) or UK (National) classification number (if held):

Telephone:

Email address:

Home/school address:

Schools or athletics club:

Date of birth: Male/female

Age group (as of 31 August within the competition year- tick box and make sure you have given date of birth above):

 Seniors- 20 years and over  under 17 but over 15 years

 under 20 but over 17 years  under 15 but over 13 years

Athlete name:

Please enter me in the following: (please check entry standards table). Please note there are no standards for the Give it a Go events. Tick if you are entering the Give it a Go events and ignore the PB section of the table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event |  | PB: | Where and date achieved |  |
| Event |  | PB: | Where and date achieved |  |
| Event |  | PB: | Where and date achieved |  |
| Event |  | PB: | Where and date achieved |  |

**Please note:** no one competing in the under 15 or under 17 categories may enter more than three events. Others may enter four. **Entry fee is £15 per athlete. Please make your cheque payable to Mencap.**

Declaration:

I confirm the information given above it correct to the best of my knowledge.

I understand that Mencap will hold my information for the purposes of registering for the event. 

Signature Date: 

Parent/guardian signature (if under 18) 

**Photography consent:**

Mencap may take photographs/recordings of you at this event. These images may appear in publicity material or websites. If you do not consent to this please tick here

**Please return the completed form, together with your medical form and cheque for £15 to Mencap Sport, 123 Golden Lane, London, EC1Y 0RT or register and pay online at https://www.mencap.org.uk/about-us/our-projects/mencap-sport/national-athletics-championships**

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