**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 1 |  | PB: | Where and date achieved |  |
| Event 2 |  | PB: | Where and date achieved |  |
| Event 3 |  | PB: | Where and date achieved |  |
| Event 4 |  | PB: | Where and date achieved |  |
| Event 5 |  | PB: | Where and date achieved |  |

**Please note:** no one competing in the under 15 or under 17 categories may enter more than three events. The under 20 category may enter up to 4 events and the senior group may enter up to 5 events. **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**

**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) 

**Data Protection**

In order to register you for our athletics event we need to collect and store your personal data including your name and contact details. We will keep your information in a safe place. We will destroy it after 5 years unless you ask us to do so at an earlier date.

We will not give your personal details to anyone outside of Mencap and the event organisers without your consent, unless we have to by law. You can read more about your rights by visiting <https://www.mencap.org.uk/our-privacy-policy>

Registered charity number 222377 (England and Wales); SC041079 (Scotland) 2016035