

London Youth Games Registration Form – Triathlon / Aquathlon

Full name: \_\_\_\_\_

Gender: Male/Female      Date of birth: \_\_\_\_\_      Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

School: \_\_\_\_\_

Email: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship of emergency contact: \_\_\_\_\_

Emergency telephone number 1: \_\_\_\_\_

Any medication or medical conditions that we should know about:

\_\_\_\_\_  
\_\_\_\_\_

Ethnic origin: please circle appropriately

British

Indian

Irish

Pakistani

Other(white back ground)

Bangladeshi

Mixed(White & Black Asian)

Other (black background)

Mixed(White & Black Caribbean)

Caribbean

Mixed(White & Black African)

African

Chinese

Other (Asian background)

European

Other

For Publicity purposes, would you object to having your photograph taken?(Please tick)

Yes \_\_\_\_\_ No \_\_\_\_ (Photos will only be used by the Sports Development Unit)

I agree to abide by the Team Managers Decisions:

Signed: \_\_\_\_\_

Parental / Guardian Consent:

Signed: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_