

London Youth Games Registration Form



Full name: _____

Gender: Male/Female Date of birth: _____ Age: _____

Address: _____

_____ Postal code: _____

School: _____ Club: _____

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: (Athlete)

Signed: _____

Parental / Guardian Consent:

Signed: _____

Relationship to Athlete: _____

Personal Best Times since January 2009 (50m) & order of preference

	Times	Order
Freestyle	_____	_____
Breaststroke	_____	_____
Butterfly	_____	_____
Backstroke	_____	_____

I confirm the times submitted for the athlete named on this registration form as correct.

Name: _____

Signature: _____

Club: _____