



Isle of Man Athletics Association

www.iomaa.info

Youth Development League Athlete Profile

This page to be completed by parent/guardian

Athlete's name:

Address:

.....

Parent/Guardian name:.....

Parent/Guardian's Telephone Number:.....

Parent/Guardian's Email address:.....

Are you happy for your child to be photographed/recordings made and the images/recordings used for publicity purposes in relation to Team Isle of Man

Yes/No (Delete as appropriate)

Emergency contact name.....and telephone number.....

Alternative emergency contact name.....and telephone number.....

Athlete's Date of Birth:

School Year:.....

Vest size:

Club:.....

Medical Information

Does your child currently take any prescribed medication? Yes/No

If yes, please state for which condition:.....

Does your child suffer from any allergies? Yes/No

If yes please list:.....

Please tick boxes below if your child is available to travel off island as part of Team IOM Youth on the following dates:

3rd May 2014 31st May 2014 21st June 2014 19th July 2014

Any additional information about your child you feel we should know:.....

.....

Parents/Guardians

Are you willing to assist in fundraising activities towards Team IOM Youth? Yes/No

Signed:..... Date:.....



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This page to be completed by athlete

Athlete's name:

How long have you been in athletics:

How many days a week do you currently train:.....

Do you have an athletics coach? If so, what is his/her name?.....

What events do you currently compete in:.....

.....

What events would you like to compete in:.....

.....

What other sports/activities/clubs do you attend each week?

Monday Tuesday

Wednesday Thursday

Friday Saturday

Sunday

Signed:..... Date:.....

Please return form to- Louise Kneen, 24 Kerroo Coar, Peel ISLE OF MAN IM5 1JB