**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:

23rd April 2016 21st May 2016 18th June 2016 16th July 2016

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

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I confirm that my child's membership fees of their athletics club will be paid by 1st April 2016. I understand that they cannot compete as part of Team IOM Youth unless their fees are paid.

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

**Youth Development League Athlete Profile**

**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:.....................................................