CHAMPIONS OF THE CIRCLE

PARTICIPANT REGISTRATION & CONSENT FORM

Stronger People • Brighter Futures

1. PARTICIPANT DETAILS

Full Name: **Age:**

Date of Birth: **Height:** **Weight:**

School:

Event(s): ☐ Shot Put ☐ Discus ☐ Javelin ☐ Other

2. PARENT / GUARDIAN & EMERGENCY CONTACT (required for participants under 18)

Parent/Guardian: **Relationship:**

Phone: **Email / Other Contact:**

Emergency Contact: **Phone:**

3. HEALTH & SAFETY

Relevant medical condition, allergy, previous injury or other information the coach should know:

_____

Emergency treatment: I authorise reasonable first aid or emergency medical assistance where necessary.☐ Yes ☐ No

4. PARTICIPATION & ACKNOWLEDGMENT OF RISK

I understand that athletics, including throwing events, training, conditioning and competition, involves physical activity and ordinary risks of injury. I confirm, to the best of my knowledge, that the participant is able to participate and will follow reasonable safety instructions. I acknowledge and accept the ordinary risks associated with participation. The Club, its committee members, coaches and volunteers will take reasonable steps to provide a safe training environment and appropriate supervision. **Nothing in this acknowledgment excludes or limits responsibility or liability that cannot lawfully be excluded or limited under the laws of Fiji.**

5. PHOTOGRAPHY & MEDIA CONSENT

I permit photographs/video taken during Club activities to be used for legitimate Club purposes, including social media, reports and promotional material. ☐ **YES, I consent** ☐ **NO, I do not consent**

Declining consent will not affect participation in Club activities.

6. MEMBERSHIP – CURRENTLY OPEN TO PARTICIPATING ATHLETES ONLY

Membership provides access to Club-organised athletics development activities, including: organised clinics and development programmes; opportunities to participate in local athletics competitions and Club-supported events; weekly or regular technical coaching sessions; and supervised strength and conditioning sessions appropriate to the athlete's age and stage of development.

Please note: Gym and track/facility fees are separate and are not included in membership fees. Competition entry fees, travel and other third-party charges are also separate unless the Club advises otherwise.

Would you like to become a member? ☐ **Yes** ☐ **No** **Membership Type:** ☐ **Participant**

Membership Fee: $ **Amount Paid: $** **Payment:** ☐ Cash ☐ Bank Transfer **Receipt/Ref:**

7. DECLARATION & CONSENT

I confirm that the information provided is correct and, where the participant is under 18, consent to their participation in Club activities subject to the Club's rules and reasonable safety requirements.

Participant Name: **Date**

Parent / Guardian Signature:

FOR CLUB USE: Registration No. Membership Fee Received ☐ Yes ☐ No

Receipt No. _____

Received by: