

Sport Hampshire & IOW

# Athletics



Now's your chance to take part and improve you skills!

**Athletics: Star:Track Coaching Course 2007  
Easter Holidays – Organised by Team Southampton Athletics Club in conjunction with Southampton City Council and the Southampton Schools' Sports Partnership**

**Who is it for?**  
*Boys/Girls aged 10-15 years*

**When is it?**  
*Tues 10<sup>th</sup> – Thurs 12<sup>th</sup> April 2007  
10:00am – 3:00pm (daily)*

**Where is it?**  
*Southampton Sports Centre,  
Thornhill Road, Bassett, SO16 7AY*

To book a place, complete the form and return to:

**Michelle Farminer  
Duty Manager  
Southampton Sports Centre,  
Thornhill Road,  
Bassett, Southampton,  
SO16 7AY**

**Athletics Star:Track Coaching Course**  
**£20 per child**  
or  
**£5 reduced rate\***

**\*For those receiving Income support,  
Jobseekers Allowance, Housing Benefit or  
Council Tax Benefit**

**Cheques made payable to Hampshire County Council**

**Please bring plenty of drinks, packed lunch & sports clothing for all weather**



## STAR:TRACK COURSE BOOKING FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Are you: Male  Female  Current School: \_\_\_\_\_ Year: \_\_\_\_\_

**For us to ensure everyone is benefiting from Sport Hampshire & IOW activity, please answer the following:**

Which of the following best describes your son/daughter? (please tick)

- White (British, Irish, any other white background)
- Mixed Background (White & black Caribbean, white and black African, white and Asian, any other mixed)
- Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background)
- Black or Black British (Caribbean, African, any other black background)
- Chinese or other (Chinese, any other ethnic group not listed)

### CONTACT AND MEDICAL INFORMATION

Name of parent/guardian/carer: \_\_\_\_\_  
Emergency contact number of parent/guardian/carer: \_\_\_\_\_  
Alternative emergency contact number and name: \_\_\_\_\_  
Medical conditions that the coach should be aware of: \_\_\_\_\_  
**Do you consider your son/daughter to have a disability** Yes  No   
If yes, what is the nature of the impairment? (please tick)  
Physical impairment  Learning difficulty  Hearing impairment  Visual impairment   
Other (please specify) \_\_\_\_\_

### SPORTS INFORMATION

Do you currently belong to an Athletics Club: Yes  No   
If Yes – which one? \_\_\_\_\_

I give permission for \_\_\_\_\_  
(Name of young person) to take part in the above.

Signed \_\_\_\_\_ (parent / guardian / carer)  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

*Your details will only be used by Sport Hampshire & IOW to inform you of other activities, and to monitor participation. We will not pass your details on to any third parties. If you do not give permission for this information to be held on a computerised database, please tick*

**We occasionally use images of young people for publicity purposes. If you do not give permission for photographs/video footage to be used by Sport Hampshire & IOW, please tick**

**For official use only** Partnership Reference No. \_\_\_\_\_ Sport Reference No. \_\_\_\_\_  
Active Sports Stage/Area Games \_\_\_\_\_ Player Reg. No. \_\_\_\_\_  
Sport England Priority Area \_\_\_\_\_