

(Athlete's Photo Here)

MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN
BLOCK CAPITALS



Welcome to Trinidad and Tobago Athletes Foundation (TTAF)
"Help us... Help kids"

SECTION A: ATHLETE DETAILS

| | | | |
|--|--|------------------------------------|--|
| Name (First & Middle) | | Surname | |
| Address | | | |
| Telephone | | Date of Birth (DD/MM/YY) | |
| Place of Birth | | | |
| Are you a member of any other sports club? (If yes, please state which club and which sport) | | | |

SECTION B: ATHLETE INFORMATION

| | | | |
|---------------------------------|--|-------------------|--|
| Sport | | Discipline | |
| Interest | | | |
| School | | | |
| Academic Qualifications | | | |
| Skills | | | |
| Tenure of Primary Field | | | |
| Current Pursuits | | | |
| Email address | | | |
| Athletic accomplishments | | | |
| Athletic awards/medals | | | |

SECTION C: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

| |
|--|
| |
|--|

SECTION D: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

| | |
|-------------------------------|--|
| Emergency Contact(s) | |
| Emergency Contact Address | |
| Emergency Contact Two number: | |

SECTION F: PARENTAL/CARER AGREEMENT (FOR ATHLETES UNDER 18 YEARS OF AGE)

By returning this completed form, I, am in full agreement of taking part in the activities of the TTAF. I have read and agree that my child..... will abide by TTAF's rules and code of conduct.

| | |
|-----------------------|--|
| Signature | |
| Parent or Guardian | |
| Identification Number | |

FOR OFFICIAL USE ONLY - Athlete: Personal Assessment

What will you say are your

| | |
|----|---------------|
| 1. | Strengths |
| 2. | Weaknesses |
| 3. | Opportunities |
| 4. | Threats |