



# Aim to be the best, train with the best

## RESIDENTIAL TRAINING COURSE



Special guest **PETER ELLIOTT**  
World and Olympic silver medalist and Commonwealth Games gold medalist

**Mount St Mary's, Spinkhill (near Sheffield)  
Friday 30th October – Sunday 1st November 2009**

**Open to all male and female athletes aged over 13 and under 20 plus coaches**

**WEEKEND** Training, meals, lectures, advice, print-outs,  
**INCLUDES:** top quality coaching, Peter Elliott interview and much more  
**COST:** £60 BMC members, £95 non-BMC members  
£50 BMC coaches, £90 non-member coaches  
£45 BMC athletes travelling more than 200 miles one way

Cheques made payable to: **BRITISH MILERS' CLUB**. Application forms **MUST** include a stamped addressed envelope stating age and current personal best times to: Rod Lock, 23 Atherley Court, Upper Shirley, Southampton SO15 7NG.

Tel: 0238 078 9041.

**BOOK NOW OR BE DISAPPOINTED! (No bookings taken after 1st October 2009)**



## REGISTRATION & BOOKING FORM *Mount St Mary's Oct 30-Nov 1 2009*

The British Milers' Club coaching courses are for the benefit of athletes and coaches and we try to ensure the following:

- That all young people are as safe as possible.
- Provide information on further opportunities available.
- Provide top-class coaching and advice where required.
- Ensure that all BMC activities are open to all communities (equal opportunities).

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Telephone/Mobile Nos: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Academy Member:  Yes  No

Membership Number: \_\_\_\_\_

### Emergency contact details

Name of Parent/Guardian/Carer: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

Who is authorised to take and collect your child to this activity?: \_\_\_\_\_

Does your child suffer from any of the following?

Asthma  Skin Problems  Diabetes  Epilepsy

Fainting  Heart Problems  Migraines  Allergies

Other: \_\_\_\_\_

Is your child currently on medication or have any injuries?

Yes  No If yes, please specify: \_\_\_\_\_

Do you consider your child to have a disability?

Yes  No If yes, please specify: \_\_\_\_\_

What is your child's Ethnic origin?

White  Mixed Race  Asian  Black  Chinese

Other

Do you object to photographs of your child being taken for publicity purposes? (NSPCC guidelines)

Yes  No

Club: \_\_\_\_\_

Special Dietary requirements (please state): \_\_\_\_\_

Please state pb's (for squad allocation): 800m \_\_\_\_\_

1500m \_\_\_\_\_ 3000m \_\_\_\_\_

### For Coaches Only:

What is your current UKA coaching level? \_\_\_\_\_

Please enclose photocopy of licence.

Do you have a UKA CRB certificate?  Yes  No

Please enclose photocopy of certificate. (If no, please contact Rod Lock on 0238 078 9041 immediately)

**For Parents:** BMC courses involve vigorous, but beneficial athletic training, to a high standard. Please confirm that your child is physically fit and capable of participation in this training over the duration of the course. A qualified masseur/sports therapist will be in attendance to deal with minor niggles, muscle soreness or athletic related problems. Please note that we will only treat a person under the age of 18 if a chaperone is present (friend or fellow athlete/personal coach). Do you give permission for your child to be treated?:  Yes  No

I confirm that consent is given for my child to attend the BMC activity and I agree to the conditions laid out below\*.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\*Information used in this form will be used to monitor and evaluate BMC activities. All information will remain confidential and no reference to individuals will be made in written or verbal reports. Your child's participation is voluntary and you may decline to participate.

I have read and understood the above information and agree for my child or myself to participate further in this study, if so requested.