

Athlete Tracker Form

Are you interested in getting more involved in disability athletics?

Please complete the form and send it back to:

Parallel Success, UKA, Athletics House, Central Boulevard, Blythe Valley, Solihull, B90 8AJ

Name _____

Date of Birth _____

Address _____

Telephone _____ Mobile _____

Email _____

Athletics Club/School _____

Impairment (tick box):

Visual Impairment

Learning Disability

Cerebral Palsy

Amputee

Dwarf

Other (please give details)

Wheelchair User (please give details of impairment) _____

Classification (if known) _____

Please give details of your current involvement in sport: _____

Number of hours training each week _____

Please give details of competitions and results in the last 12 months _____

Event group you are competing in and / or interested in (tick box)

Ambulant – Speed

Ambulant – Endurance

Jumps

Throws

Wheelchair Racing – Speed

Wheelchair Racing – Endurance

Pentathlon

Signed (athlete) _____ Name _____ Date _____

Signed (parent/guardian)* _____ Name _____ Date _____

*If athlete is under 18 years of age