**Cleethorpes Athletics Club**

**Junior Track & Field Membership Application Form**

**1st March 2016 – 28th February 2017**

Cleethorpes Athletics Club is an affiliated member of England Athletics. Therefore we have adopted and accepted UK Athletics Code of Practices and Policies and will review our internal policies on a regular basis.

**Section 1: Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | | | |
| **Date of Birth:** / / | **Gender:** M / F | | **Ethnic Origin:** |
| **Address:** | | | |
|  | | | **Postcode:** |
| **Home Phone:** | | **Mobile No:** | |
| **Email:** | | |  |
| **England Athletics Registration Number:** | | | **Main Coach:** |
| **Do you consider yourself to have a disability?** YES / NO / PREFER NOT TO SAY | | | |

**Section 2: Membership of Other Athletics Clubs**

**Have you previously belonged / do you currently belong to any other Athletics Club?** YES / NO

**Are you applying for:** 1st Claim / 2nd Claim

If applying for 1st Claim Membership and you are a member of another athletics club, please state the name of the club and the date of resignation:

|  |  |
| --- | --- |
| **Club:** | **Date of Resignation:** |

(You must complete a ‘Change of 1st Claim’ form to formally resign from your previous. This will allow us to register you as a Clee AC member with England Athletics. The form can be downloaded from the England Athletics website).

**Section 3: Volunteer Interest**

Cleethorpes Athletics Club is run by volunteers and needs the support of volunteers to sustain, develop and grow. If you are interested in getting involved in any way, please tick the area(s) of interest.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Coaching |  | Committee |  | Events |  | Fundraising |  | Officiating |  | Team Management |  |

**Section 4: Photography**

I hereby give consent for Cleethorpes Athletics Club to take and use photos for marketing and promotion purposes, including publishing on the club website.

|  |  |
| --- | --- |
| Signature: | Print Name: |

**Official Use Only**

|  |  |  |
| --- | --- | --- |
| Date: | Monies Received: | UKA Number: |

**Section 5: Emergency Contact Details and Medical Information**

Cleethorpes Athletics Club are not under any liability whatsoever in respect to personal injury, loss or damage caused when attending club sessions or representing the club at any competition.

**Emergency Contacts:**

Please provide two people who we can contact in the case of an emergency:

|  |  |
| --- | --- |
| Name: | Relationship: |
| Contact Number 1: | Contact Number 2: |

|  |  |
| --- | --- |
| Name: | Relationship: |
| Contact Number 1: | Contact Number 2: |

**Medical Information:**

Please give details of any medical conditions/ health matters/ allergies that might affect you whilst taking part in activities, including any medications **(If there is no information, please write “None”)**:

|  |
| --- |
|  |

It may be essential at some time for authorised persons acting on behalf of the club to have necessary authority to obtain urgent treatment that may be required whilst at representative club competition or training. Please sign below if you give your consent to emergency treatment being given to the named athlete on this form by trained personnel.   
**For athletes under 16 years of age a parent/legal guardian must sign here.**

|  |  |
| --- | --- |
| Signature: | Print Name: |

Please also remember to **notify your coach** if there is any change in your medical condition during the course of your membership.

**Section 6: Consent and Declaration**

I agree to follow the rules and conditions of Cleethorpes Athletics Club and declare the following:

I am in good health and I am capable of taking part in athletics.   
I am eligible to compete for Cleethorpes Athletics Club in accordance with UKA Rules.   
I understand that my personal data will be stored electronically and will only be used for the purpose of administration as required by the club and will only be accessible by club officials and coaches. This includes being shared and stored by England Athletics.  
I have read and agree to comply with Clee AC Code of Conduct for Athletes which can be found on website  
I understand, whilst the Club/Team personnel will take every precaution to ensure accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to myself.   
I agree to notify the club and coaches of any change to personal details and medical information.

|  |  |  |
| --- | --- | --- |
| Signature: | Print Name: | Date: |