

# Huntingdonshire Athletics Club

(Affiliated to England Athletics, South of England AA, Cambridgeshire AA)

## MEMBERSHIP APPLICATION FORM (for applicants ages 16 and above)

Membership of Huntingdonshire Athletics Club ([www.huntsac.org.uk](http://www.huntsac.org.uk)) is open to all persons in the community.

Please complete this form and give it to your coach, Wayne DuBose or to Hilary McConville (Road Runners) with the membership fee<sup>i</sup> (cheque made payable to Hunts AC).

### Personal details

Name:	<input type="text"/>
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	<input type="text"/>
Town/City	<input type="text"/>
Postcode:	<input type="text"/>
Home telephone number:	<input type="text"/>
Contact mobile:	<input type="text"/>
Contact email :	<input type="text"/>
Date of birth:	<input type="text"/>

Please tick the box if you do not want your photograph to be used in publicity when representing Hunts AC at races or events.

### Type of Membership

Subscriptions are payable with this form and then from 1<sup>st</sup> January each year. Members joining during the year (from July onwards) are entitled to a proportional discount (please check for current cost).

Junior (U20) £40 (incl. Club vest)  Family<sup>a</sup> £80 (incl. 2 Club vests)   
Senior £45 (incl. Club vest)

<sup>a</sup> Names of other family members .....

**Note:** All family members should complete an individual membership form.

Please circle vest size(s) (inches) required:

28    30    32    34    36    38    40    42    Vest (s)  
issued

Please specify any other athletics club you belong to: .....

**Disability<sup>ii</sup>**

Do you consider yourself to have a disability? (see end note)                      Yes                       No

If yes, please specify: .....

**Medical information (including medical conditions, and allergies)**

Do you suffer any medical conditions requiring medical treatment or medication?                      Yes                       No

If yes, please specify: .....

If you require medication, who is able to administer it? .....

Are you allergic to any medication?                      Yes                       No

If yes, please specify: .....

Please specify any other important medical information that the Club should be aware of:

.....  
**Emergency contact details**

Contact name(s)

Emergency contact no:

I apply to become a member of Huntingdonshire Athletics Club and agree to abide by both the rules of UK Athletics and Huntingdonshire Athletics Club’s Constitution and Code of Conduct (these may be found on the Club website [www.huntsac.org.uk]).

I hereby indemnify the Huntingdonshire Athletics Club against all claims brought about by any accident or other misfortune whilst participating in or attending any event organised by the Club.

I undertake to inform the Club as soon as possible of any change in my medical circumstances. I understand in the event of injury or illness, all reasonable steps will be taken to contact my emergency contact. I agree to receive emergency medical treatment as considered necessary by the medical authorities present.

Signature: ..... Date:.....

<sup>i</sup> Personal data collected on this form will be stored electronically and will only be used for the purpose of administration as required by the club. It will only be disclosed to appropriate club officials and will never be given out to unrelated organizations.

<sup>ii</sup> The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.