

# Huntingdonshire Athletics Club

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

## MEMBERSHIP APPLICATION FORM<sup>i</sup> (for applicants ages 9 to 15 years)

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 child's coach with membership fees.

### Athlete's details

Athlete's Name:	<input type="text"/>
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street 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 child's 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 annually from 1st January each year. Members joining during the year (from July onwards) are entitled to a proportional discount (please check for current cost).

Junior £40 (includes 1 Club vest\*)  Family £80 (includes 2 Club vests\*)

\* Currently £15.00 per vest

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

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

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

Please specify any other athletics club your child belongs to: .....

<sup>a</sup> All family members should complete an individual membership form.

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

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

If yes, please specify: .....

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

Does your child suffer any medical conditions requiring medical treatment or medication? If yes, please ensure that all appropriate medication is brought to training/competition.      Yes       No

If yes, give details: .....

If your child requires medication who is able to administer it: .....

Is your child allergic to any medication?      Yes       No

If yes, give details: .....

Please detail any learning difficulties your child may have (e.g., attention, behaviour, concentration etc) .

.....

**Emergency contact details**

Contact name e.g. parent/carer

Emergency contact no:

My child applies to become a member of Huntingdonshire Athletics Club and agrees to abide by both the rules of UK Athletics and Huntingdonshire Athletics Club’s Constitution and Code of Conduct (these are on the Club website [www.huntsac.org.uk]).

My child understands that Club members are expected to make themselves available to represent the club in league competitions. Where places are limited in training groups, Club members who do not do so may lose their place in a training group.

I agree to abide by Huntingdonshire Athletics Club’s Code of Conduct (www.huntsac.org.uk).

I understand the nature of the activities my child will be involved in. Whilst all reasonable steps will be taken by coaches to ensure my child’s safety, I am aware that my child’s participation is entirely at my own risk.

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

Name of parent/carer:.....

Signature of parent/carer: .....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> **Disability** 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.