



MEMBERSHIP FORM 2015

PLEASE COMPLETE ALL DETAILS IN BLOCK
CAPITALS & RETURN WITH YOUR SUBSCRIPTION

TO: HASTINGS ATHLETIC CLUB

www.hastingsathleticclub.co.uk

Welcome to Hastings Athletic Club. We are an athletic club open to athletes of any ability from eight years of age. Please complete **ALL** the details requested below and return it to either Membership Secretary with the relevant subscription. If you are under 16 please ensure your parent/guardian also completes this form before returning it.

SECTION A: ATHLETE DETAILS - PLEASE COMPLETE ALL BOXES EVEN IF RENEWING.

First Name				Surname	
Address					
				Postcode	
Telephone			Mobile Number (If over 16 years of age)		
Date of Birth (DD/MM/YY)			Email Address – (If over 16 years of age)		
Address of School/ College					
				Postcode	
Are you a member of any other sports club? (If yes, please state which club and which sport)					
County of Birth				Preferred Events	

SECTION B: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the complete the following section.

First Name				Surname	
Address					
				Postcode	
Telephone			Mobile Number		
Email Address					

SECTION C: MEDICAL INFORMATION/DISABILITY

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) If you have a disability please make us aware below (eg visual or hearing impairment; physical/learning or multiple disability). **Please do not leave blank** – if there is no information please write 'None'.

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SECTION D: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Contact One - name & number	
Contact Two - name & number	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel. If the athlete is under the age of 16 years then a parent/guardian needs to sign and by returning this form parents/guardians agree that the athlete may take part in the activities of the Club; that in the event of any injury/illness all reasonable steps will be taken to make contact and that it is agreed that the child athlete may have his/her photograph taken in training or competition by the Club for publicity purposes only, in accordance with the Child Protection Policy.

Signature	
Print Name – Parent or Guardian to sign (if under 16 years of age)	

SECTION E: ATHLETE AGREEMENT

By returning this completed form, I confirm I am willing to abide by the club code of conduct for athletes/junior athletes and agree to always behave in the manner befitting a Hastings Athletic Club Athlete when attending the club or at club events.

Signature	
Print Name	
Date	

SECTION F: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

By returning this completed form, I agree:

- To the named athlete taking part in the activities of the club.
- That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition and also that my child has read, or had read to them, the Junior Code of Club Conduct.

Signature	
Print Name	
Date	

Please return this completed form with relevant subscription to either:

Amy Whittle (07790 039210) at the track on a club night (Tuesday/Thursday)
 Steph McCleery (07815 305586) email; stephmccleery@hotmail.com – please email for postal address.

2015 Annual subscription fees - IMPORTANT PLEASE COMPLETE FULLY;

Age Group	Price	Please tick	£ Total Amount
U11	£28		
Junior Competitor U17	£45		
Student - Must be U20 and in full time education	£45		
Senior Competitor	£56		
Senior Volunteer (non-competing)	£46		
Road Running (NON use of the track for training or competing)	£40		
Over 60	£45		
Over 60 volunteer (non-competing)	£35		
2 nd Claim	U17/Student £35, SC £46, over 60 £35		
Family (parents & juniors living at same address)	£70 Plus £10 UK Athletics licence fee for each competing member:	Please list names of all <u>competing</u> family members: Please list names of <u>non-competing</u> family members:	