

## Application for Membership 2015

**PLEASE COMPLETE FORM IN BLOCK CAPITALS**

Name: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%; height: 40px;" type="text"/>	County of Birth: Essex / Cambs / Herts / Other
	Other: <input style="width: 95%;" type="text"/>
	School: <input style="width: 95%;" type="text"/>
Home Number: <input style="width: 95%;" type="text"/>	School Year: <input style="width: 95%;" type="text"/>
Contact: <input style="width: 95%;" type="text"/>	Emergency Contact: <input style="width: 95%;" type="text"/>
	Emergency Number: <input style="width: 95%;" type="text"/>
Email: <input style="width: 95%; height: 20px;" type="text"/>	

Membership fees run from 1st January to 31st December (or part thereof)

	First Claim	Second Claim
Senior Membership	<b>£35.00</b> <input style="width: 40px;" type="text"/>	<b>£20.00</b> <input style="width: 40px;" type="text"/>
All Ability Membership	<b>£30.00</b> <input style="width: 40px;" type="text"/>	First Claim Club and URN
Junior (U18) Membership	<b>£30.00</b> <input style="width: 40px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Mini (U11) Membership	<b>£25.00</b> <input style="width: 40px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

**Membership Fees include UKA: Membership for all athletes**

**A session fee of £2 is charged for members and £4.50 for non-members**

The membership and session fees pay for the athlete and club insurance via UK: Athletics, Coach Training, venue hire and the provision of equipment for each session. To ensure that the correct training can be provided, and that we conform with insurance requirements, Athletes or Parents/Guardians must keep Coaches informed of any illness, injuries and/or medication which could affect the athletes training. The athlete will be training at their own risk if medical information is not declared.

Cheques should be made payable to: **HARLOW ATHLETIC CLUB**

(The club can offer concessions for family memberships, those with a reduced income, those in full time education or any member with a disability. Please speak in complete confidence to the Membership Secretary. )

### ATHLETE DECLARATION

I declare that I am an amateur (as described in the UK: Athletics Rule Book), agree to compete for Harlow Athletic Club in Club Competitions, will follow the club's code of conduct and abide by club rules. I also understand that if I wish to leave the club I am required to provide a letter of resignation to the club secretary.

Signed:  Date: \_\_\_ / \_\_\_ / \_\_\_

Print Name:

Relationship to athlete:

**A parent or guardian must sign for U18 Athletes  
( Please state your relationship to the athlete )**

**PLEASE NOTE: Occasionally the Club may take Photos or Videos for Training or Promotional purposes on the Club Website. If you have any concerns about video of photos being taken of you, please tick this box and we will contact you directly**

**PLEASE NOTE: To compete for HAC you will require a club vest. These are £15.00 each and may be obtained at the clubhouse or ordered from our website**

### DISCLAIMER:

Harlow Athletic Club cannot accept any responsibility for any injury or accident that happens to an athlete who is not a member of the club. Any athlete who trains at the club and is not a member does so at their own risk

## Medical Records

Doctors Name:

Practice Address:

Practice Number:

**1** Are you required to have medication with you when taking part in sport? Yes / No

If yes, what kind:

**2** Have you had any of the following?

Asthma Yes / No  Diabetes Yes / No

Epilepsy Yes / No  Heart Complaints Yes / No

**3** Do you have allergies? Yes / No

If yes, please specify

**4** Do you have any other illness or disability that may affect participation? Yes / No

If yes, please specify

**5** Do you have any other medical information that may be required in case of emergency? Yes / No

If yes, please specify

### Authorisation to use this information in case of emergency

Signed:

Date: \_\_\_ / \_\_\_ / \_\_\_

Print Name: