

RENEWAL ☐

 NEW MEMBER ☐

 URN (IF KNOWN)

NAME:			DOB:		
ADDRESS:			COUNTY OF BIRTH:	ESSEX/ CAMBS/ HERTS	
			IF OTHER:		
HOME:			EMERGENCY NAME:		
EMAIL:			EMERGENCY NUMBER:		

PLEASE WRITE CLEARLY, PREFERABLY IN BLOCK CAPITALS

MEMBERSHIP RUNS FROM 1ST APRIL TO 31ST MARCH (OR PART THEREOF)

SENIOR:	£40.00			£25.00	
ALL ABILITY:	£30.00				
JUNIOR (U18):	£35.00			FIRST CLAIM CLUB:	
MINI (U11):	£30.00				

FIRST CLAIM:

SECOND CLAIM:

CHEQUES SHOULD BE MADE PAYABLE TO HARLOW ATHLETIC CLUB

Membership fee includes **UKA** membership for all first claim athletes. A session fee of **£3** is charged for members and **£4.50** for non-members.

I declare that I am an amateur athlete and that I will support Harlow AC in the following ways:	
I will compete for HARLOW AC at <u>Minimum of 2 Junior Meetings</u> (for 11 to 16 year olds)	
I will compete for HARLOW AC at <u>Minimum of 2 Senior Meetings</u> (for 15 years and older)	
I will compete for HARLOW AC at Open Meetings (for all age groups)	

ATHLETES DECLARATION (TO BE COMPLETED BY ALL ATHLETES)

To compete for **HARLOW AC** you will need a club vest. These are £15 each and may be obtained at the clubhouse.

PARENT/GUARDIAN AND SENIOR ATHLETE DECLARATION

I am aware that Harlow AC is run by volunteers and I will support the club in the following ways:	
I will ensure that I or my child will be able to compete in at least <u>two</u> competitions	
I am prepared to help at matches that I or my child is already competing in	
I am interested in helping as a volunteer during training nights	
Occasionally the Club may take photos or videos for training or promotional purposes (e.g: on the Club Website) Please tick this box if you have any concerns about videos or photos being taken of you	

I agree that the club will store this personal data in accordance with GDPR. I agree that some details will be shared with England athletics who are the sport's national governing body and may be shared with other athletics sport providers. If you have any questions about the continuing privacy of your personal data when it is shared with England Athletic.

PLEASE CONTACT dataprotection@englandathletics.org

I will follow the club's code of conduct and abide by the club rules. I 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 athlete)

Membership and session Fee pays for the athlete and club insurance via UK Athletic, Coach Training, Venue Hire and the provision of equipment for each session. **HARLOW AC** can provide athletes with help to meet the costs of membership and/or training. Please speak in complete confidence to the Club Secretary if you need assistance with training or membership costs.

In case of membership stops and oversubscription of coaching groups, preference will be given to athletes who show willingness to compete for the club.

DISCLAIMER:

Athletes train and compete at their own risk. 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



MEDICAL RECORDS

Please make your coach aware of any injury or relevant medical issues you may have or if there is an improvement or deterioration in the condition throughout the year.

DOCTORS NAME:	
PRACTICE ADDRESS:	
PRACTICE NUMBER:	

DO YOU HAVE ANY OF THE FOLLOWING CONDITIIONS?

ASTHMA	YES/NO	DIABETES	YES/NO
EPILEPSY	YES/NO	HEART COMPLAINTS	YES/NO

Do you need to have medication with you when taking part in sport?	YES/NO
If so, what kind, and please speak to the welfare officer or coaching director if it cannot be self-administered by the athlete:	

Do you have any allergies?	YES/NO
If so please specify:	

Do you have any other illness or disability that may affect participation?	YES/NO
If so please specify:	

Do you have any other medical information that may need to be required in case of emergency?	YES/NO
If so please specify:	

Authorisation to seek medical care and use this information in case of emergency

SIGNED:		DATE:
PRINT NAME:		