



Charnwood Athletic Club

New Members Application Form 2017 1st March 2017 to 28th February 2018

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN WITH YOUR PAYMENT

NAME TITLE MALE FEMALE

ADDRESS

DATE OF BIRTH

TELEPHONE

MOBILE

EMAIL

WHAT EVENTS ARE YOU INTERESTED IN?

SPRINTS/HURDLES THROWS JUMPS MIDDLE DIST.

CROSS COUNTRY OTHER

NAME OF YOUR CHARNWOOD AC COACH

ARE YOU A MEMBER OF ANOTHER ATHLETICS CLUB? YES NO

IF YES, NAME OF OTHER CLUB

IS CHARNWOOD AC YOUR 1ST OR 2ND CLAIM CLUB? 1ST 2ND

If joining as a first claim member have you resigned from your previous club and completed a change a change of first claim club form. YES NO N/A

SUBSCRIPTIONS		Payable in full at time of application											
	£	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
SENIORS/JUNIORS	<input type="text"/>	£39	£36	£34	£32	£30	£28	£26	£24	£22	£20	£18	£16
FAMILY MEMBERS (See covering letter)	<input type="text"/>	£29	£26	£25	£24	£23	£21	£19	£18	£17	£16	£15	£14
METHOD OF PAYMENT		CHEQUE <input type="checkbox"/>		CASH <input type="checkbox"/>									

Please make cheques payable to Charnwood A.C.

I agree to abide by the Code of Conduct, Constitution and rules of Charnwood A.C. and those of England Athletics. I agree to Charnwood A.C. collecting and storing my personal information and data to be used only for the purpose of the club, registering members with England Athletics and in accordance with the club's data protection policy statement.

Signed by Athlete Date

I give permission for the above to participate in Charnwood A.C training and competition

Signed Parent/Guardian if applicant is under 17

This form together with the appropriate fee should be handed in to the club house or sent to the Membership Secretary: Mr Colin Barnes, 73, Fairway Road, Shepshed, Loughborough Leics LE12 9BL
email bcbarnes73@yahoo.co.uk

Occasionally Charnwood AC take and use photographs of members for promotional purposes such as the club magazine, match programme, newspaper articles etc. If you would prefer you or you child's photograph not to be taken or used for this purpose please tick the following box.



Charnwood Athletic Club Medication Declaration

If you are competing for, or training with Charnwood Athletic Club please complete this form and either return it with your membership form or leave it at the clubhouse. If you have a medical condition that might require emergency treatment your life might depend on doing this. It will also ensure that you are covered by UK athletics insurance.

Name	
Address	
Emergency contact person	
Telephone No	
Mobile No	
Do you have a medical condition?	Yes/No Condition:
Do you carry medication?	
Are there any emergency procedures of which we should be aware?	