



Cleethorpes Athletic Club
Junior Membership Application Form
February 2012 - January 2013

Cleethorpes A.C. have adopted and accepted UK Athletics code of practices and policies and will review their internal policies on a regular basis.

Full Name: _____

Address: _____

Post Code _____

Home Phone No: _____ Mobile No: _____

Emergency Phone No: _____

email address _____

Date of Birth _____ Male or Female _____ Ethnic Origin _____

Membership of Other Athletics Clubs

Name of Club _____

Are you a First or Second Claim Member? _____

Date of resignation (if applicable) _____

I confirm that I am eligible to compete under UK Athletic Rules.

I understand that my child's personal data will be held on a computer by the club.

I understand that as a competing member that I must be registered with the North of England AA who will also hold my details.

Members must notify the Club of any changes to personal details

I enclose my membership fee of £ _____

Signed _____ Date _____

Parent/Guardian _____ (If child/young person is under the age of 16 years)

Name of parent/guardian _____

Club website www.cleethorpesac.co.uk

Official Use

Date _____

UKA Registration No: _____

Cleethorpes Athletic Club
Athlete Emergency Contact Details / Medical Information

Cleethorpes A.C. have adopted and accepted UK Athletics code of practices and policies and will review their internal policies on a regular basis.

Full Name: _____ Date Of Birth: _____

Address: _____

Do you consider yourself to have a disability? YES NO

If yes please give details? _____

Name of Main Coach: _____

Medical Details

Cleethorpes Athletics Club are not under any liability whatsoever in respect of personal injury, loss or damage caused when attending club sessions or representing the club at a competition.

Please advise the club if you suffer from any of the following: (Circle all that apply)
Asthma Epilepsy Allergies Please State _____
Back and Joint Pains Please State _____
Other Please State _____

Medication in use, please state _____

My child is in good health and I consider him/her capable of taking part in athletics. I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics which are necessary in the opinion of a medically qualified practitioner. I also understand, whilst Club/Team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

Athletes / Parent's Signature (Parent / Guardian if under 16) : _____

Name of Signatory: (Printed) _____ Date: _____

Emergency Contact Details

Name: _____

Address _____

Home Telephone Number: _____ Mobile Telephone Number: _____

In the event that the above named persons cannot be reached, please give two extra emergency contact names and telephone numbers.

Name _____ Telephone Number: _____

Address _____

Name _____ Telephone Number: _____

Address _____

Photography

Are you willing for photographs to be taken and used to publicise the clubs activities through the media and on the club website? YES / NO

Collection Details (Under 16's Only)

Will the child be collected from the coaching session? YES / NO

If Yes who is authorised to collect the child? _____

Declaration

I confirm that these details are correct to the best of my knowledge. I accept responsibility in notifying my / my child's regular coach of any changes to the above.

Athletes / Parent's Signature (Parent / Guardian if under 16) : _____

Name of Signatory: (Printed) _____ Date: _____