

# Huntingdonshire Athletics Club

(Affiliated to England Athletics, South of England AA, Eastern Counties AA, Cambridgeshire AA)

## MEMBERSHIP APPLICATION FORM (for applicants ages 15 and under)

Membership of Huntingdonshire Athletics Club ([www.huntsac.org.uk](http://www.huntsac.org.uk)) is open to all persons in the community.

Please complete this form and give it to your child's coach with membership fees.

Personal data collected on this form will be stored electronically and will only be used for the purpose of administration as required by the club. It will only be disclosed to appropriate club officials and will never be given out to unrelated organizations.

### Athlete's details

Athlete's Name:

Street address:

Town/City

Postcode:

Home telephone number:

Contact mobile:

Contact email:

Date of birth:

Please tick the box if you do not want your child's details or photograph to be used in publicity when representing Hunts AC at races or events.

### Type of Membership

Junior £25  Family <sup>a</sup> £50

<sup>a</sup> Names of other family club members.....

**Membership fees are due 1 January (Cheques made payable to Hunts AC). No person may enter a club or league competition until annual membership is paid.**

Please specify any other athletics club your child belongs to: .....

**Ethnicity** To help the club monitor its membership please tick one of the following boxes.

White  Black/ Black British  Asian/ Asian British

Other (please specify): .....

<sup>1</sup> All family members should complete an individual membership form

**Disability** The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider your child to have a disability? Yes  No

If yes, please specify: .....

**Medical information (including medical conditions, allergies and special needs)**

Does your child suffer any medical conditions requiring medical treatment or medication? If yes, please ensure that all appropriate medication is brought to training/competition. Yes  No

If yes, give details: .....

Is your child allergic to any medication? Yes  No

If yes, give details: .....

It would be useful to know of any learning difficulties your child may have ( eg, attention, behaviour, concentration etc) .

.....

**Emergency contact details**

Contact name e.g. parent/carer

Emergency contact no:

My child applies to become a member of Huntingdonshire Athletics Club and agrees to abide by both the rules of UK Athletics and Huntingdonshire Athletics Club’s Constitution and Code of Conduct for Athletes (these are on the Club website [[www.huntsac.org.uk](http://www.huntsac.org.uk)]).

I agree to abide by Huntingdonshire Athletics Club’s Code of Conduct for Parents/Guardians ([www.huntsac.org.uk](http://www.huntsac.org.uk)).

I understand the nature of the activities my child will be involved in. Whilst all reasonable steps will be taken by coaches to ensure my child’s safety, I am aware that my child’s participation is entirely at my own risk.

I undertake to inform the Club as soon as possible of any change in my child’s medical circumstances. I understand in the event of injury or illness, all reasonable steps will be taken to contact me. I agree to my child receiving emergency medical treatment as considered necessary by the medical authorities present.

Name of parent/carer:.....

Signature of parent/carer: .....Date:.....