

# WEYMOUTH ST PAUL'S HARRIERS & AC

## MEMBERSHIP APPLICATION FORM 2019/2020



Treasurer: Jeni Richards  
 Membership Secretary: Tracy Moore

### AFFILIATED TO UK ATHLETICS

Membership is restricted to those aged 8 years and over.  
 All memberships are accepted at the discretion of the Committee.

This membership information is stored on paper and will only be used for club purposes. It can be shared with England Athletics

**PLEASE COMPLETE A SEPARATE FORM FOR EACH FAMILY MEMBER**

FOR OFFICIAL USE ONLY	
MEMBERSHIP NO.	
DATE OF ELECTION	
FEE PAID	

Mr/Mrs/Ms/Miss/Other:	First names:	Surname:
Full postal address:		
		Post Code:
Telephone Nos. Home:		Mobile:
Email address:		Date of birth:
OTHER ATHLETIC CLUB: If you are joining as a second claim member please give the name of your first claim club:		

### Membership Fees

**NOTE: 2019/20 Membership fees do not include the EA Registration Fee which must be paid if you are competing.**

Under 11 (Y5 & below) track and field	£15	NO EA registration needed
U13 – U20 track and field	£15	£15 EA registration
Road running - All ages	£10	£15 EA registration
Life Member	FREE	£15 EA registration
Second Claim member	£10	
TOTAL		

**PLEASE NOTE: Memberships are due on the 1<sup>st</sup> APRIL each year .We reserve the right to add a late payment levy to anyone not renewing their membership by 30th APRIL**

All members of Weymouth St Paul's Harriers and Athletics Club must abide by the Club Codes of Conduct. These are available to view on the website.

- Code of Conduct for Athletes
- Code of Conduct for Parent/Carers
- Social Media/GDPR Policy

**APPLICANTS:**

**I HEREBY DECLARE:**

1. That I am an Amateur according to the UK Athletics Rule 1, eligibility to compete.
2. That I will abide by the UK Athletics Laws and Regulations for Competitors.
3. That I will show courtesy to all officials, coaches and other athletes.
4. That I will observe Club rules.
5. That I will pay the weekly training fees on time.
6. That I consent for qualified first aiders or a qualified physiotherapist to treat minor injuries.
7. That the above particulars are complete and correct.
8. Any **IMPORTANT MEDICAL FACTS** have been noted on an attached sheet.

**I have read and understand the club codes of conduct.**

**SIGNATURE OF APPLICANT:**

**DATE:**

**PARENTS/CARERS:**

**Parental Consent (for members under 16)**

- I will ensure that my child adheres to the club rules.
- That I give permission for photos to be taken of my child and for the photos to be used
 

a) on club website	b) in local media	(delete as applicable)
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**I have read and understand the club codes of conduct.**

**PARENT/CARER SIGNATURE:**

**DATE:**



**ENGLAND ATHLETICS REGISTRATION**

**All athletes from the age of 11 years MUST register with England Athletics if they intend to compete.**

From 1 April 2019 the Registration Fee will be £15. WSPH & AC will administer the registration on your behalf. The fee is in addition to any membership fee the club charges. Please complete the following and hand your £15 fee to the club membership Secretary or other designated collector in advance of your first competition on or after 1st April 2019:

**Name..... Age Group for 2019/20.....**

I confirm that I will be a competing athlete during the 2019/20 summer & winter period 1 April-31 March. I have paid my full membership to the club and please would you register me with England Athletics.

**Signed.....**  
**(This may be the parent signature of athletes under 18 years)**

By ticking this box you agree to your data being shared with England Athletics for membership purposes.





**WSPH and AC MEDICAL/DISABILITY/EMERGENCY CONTACT FORM**

This form is required, as part of our commitment as a club to provide a safe environment for both athlete/helpers to ensure parents/carers are contacted should an accident or sudden illness require urgent medical attention. Please inform us of any changes to contacts or if medical circumstances change.

Athlete's Name.....

Date of Birth .....

Parent/Carer/Next of Kin's Name .....

Parent/Carer/Next of Kin's Contact Numbers.....

Home.....

Mobile.....

Doctor's Name and Surgery Telephone Number .....

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Does your Child/Do you – suffer from any Medical conditions/disabilities/allergies?  
YES/NO (please delete as appropriate and list any medical conditions/disabilities/allergies and treatment received)

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(You must be registered with U.K.A if taking medication for Asthma and you are a competing athlete)

In an extreme emergency do you agree for an approved First Aider/Coach to administer first aid?  
And accompany your child/adult member to hospital if you are unable to go with them –  
YES/NO (please delete as appropriate).  
WSPH &AC cannot take responsibility for administering medical treatment other than for basic First Aid.

Signed Parent/Carer/Adult Member.....

All information on this form is kept securely and will only be shared with coaches / team

managers. Please complete and return to **Tracy Moore**