



Membership Renewal Form 2018/2019

Treasurer: Jeni Richards/ Secretary: Tracy Moore

TITLE.....

FIRST NAME(S).....

SURNAME.....

FULL POSTAL ADDRESS

.....

.....

TELEPHONE NUMBERS (LANDLINE / MOBILE).....

EMAIL

DATE OF BIRTH

If you are renewing as a Second Claim member (£10), name of First Claim Club.....

MEMBERSHIP FEES

ANNUAL CLUB MEMBERSHIP (Junior / Track and Field) – £15.00

ANNUAL MEMBERSHIP ROAD RUNNING ONLY - £10.00

ENGLAND ATHLETICS COMPETITION REGISTRATION FEE (yr 6 and above) - £15.00 (only payable if you are going to compete for the club)

PLEASE NOTE: : Memberships are due on the 1st APRIL each year. All renewals must be completed by 30th April or we reserve the right to add a late payment levy to the annual membership fee.

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.

SIGNATURE OF APPLICANT :

DATE:

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 social media b) in local media (delete as applicable)

PARENT'S SIGNATURE:

DATE:



WEYMOUTH ST PAUL'S ATHLETIC CLUB'S 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, address or if medical circumstances change.

Child's/Adult's Name.....

Date of Birth

Parent/Carer's Name

Address

.....

.....

Tel No Mobile No

Doctor's Name and Surgery Telephone Number

Does your Child/Do you – suffer from any Medical conditions/disabilities/allergies / learning difficulties? If none, please state so.....

.....

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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). Weymouth St. Paul's Harriers cannot take responsibility for administering medical treatment other than for basic minor First Aid.

Signed Parent/Carer/Adult Member