

# HEREFORD AND COUNTY ATHLETICS CLUB

## APPLICATION /RENEWAL OF MEMBERSHIP

**(April 2016 to end March 2017)**

Hereford and County Athletics Club welcomes applications from all members of the community irrespective of age, gender or ethnic background and will ensure that all present and future members receive fair and equal treatment.

**Name (in Block Capitals)**

I .....wish to:

Please tick one:  become a member of Hereford & County Athletics Club  
 renew my membership of the club

**Address in full** .....

(Block Capitals) .....

.....

**Postcode** .....

**Telephone Number** ..... **E-mail** .....

**Date of Birth** ..... **Where born** .....

**Gender:** Male  Female  **Nationality** .....

Are you a member of any other club? YES / NO (please delete as appropriate)

If yes, please name other club .....

Name of school (if any) .....

Age on 1<sup>st</sup> September this year .....

.....

I declare that I am an AMATEUR according to the definition below:

**“An amateur is a person who abides by the eligibility rules of the U.K. Athletics Association.”**

Signed ..... Date .....

**I give / do not give permission for my child’s photograph to be used in club publicity or newspaper reports.**

(Please delete as appropriate)

Parents signature (if applicant is under 16 years old) .....

Club membership - £35 per year

Family membership - £35 plus £30 for each additional family member

Affiliated club membership - £15

**Please return this form to the club membership secretary or your coach. Cheques should be made out to Hereford and County Athletics Club. ONLY if you are a new member joining after 1<sup>st</sup> October 2016 you still need to pay £25 as the majority of this is paid to England Athletics.**

Additional Declaration by

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## **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 affect on his or her ability to carry out normal day to day activities.*”

Do you consider yourself to have a disability?  Yes  No

If yes, what is the nature of your disability?

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other .....

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## **MEDICAL INFORMATION**

Please detail below any important information that our coaches should be aware of (eg epilepsy, Asthma, diabetes etc).

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## **EMERGENCY CONTACT DETAILS** – to be completed by Parent/Guardian

Please insert the information below to indicate the person(s) who should be contacted in case of an incident / accident.

**Contact Name** (e.g. Parent / Guardian):.....

**Emergency Contact Number:** .....

By returning this completed form, I agree to my son/daughter/child in my care, taking part in the activities of the club.

I understand in the event of injury or illness, all reasonable steps will be taken to contact me and to deal with the injury/illness appropriately.

**Name of Parent/Guardian (PRINT):** .....

**Signature of Parent/Guardian:**.....

**Date:** .....