

Renewal

New Member

URN (if known)

PLEASE WRITE CLEARLY, PREFERABLY IN BLOCK CAPITALS

<p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Home Tel <input type="text"/></p> <p>Email <input type="text"/></p>	<p>Date of Birth <input type="text"/></p> <p>County of Birth: Essex/ Cambs/Herts/Other</p> <p>If Other <input type="text"/></p> <p>Emergency Name <input type="text"/></p> <p>Emergency Tel <input type="text"/></p>
--	---

Membership runs from 1st January to 31 December (or part thereof)

First Claim		Second Claim	
Senior	£40.00	£25.00	<input type="text"/>
All Ability	£30.00	First Claim Club	<input type="text"/>
Junior (U18)	£35.00		
Mini (U11)	£30.00		

Cheques should be made payable to HARLOW ATHLETIC CLUB

Membership fees include UKA membership for all first claim athletes. A session fee of £2 is charged for members and £4.50 for non-members

Athletes Declaration (to be completed by all athletes)

I declare that I am an amateur athlete and that I will support Harlow AC in the following ways

I will compete for Harlow AC at Junior meetings (for 11 to 16 year olds)	<input type="checkbox"/>
I will compete for Harlow AC at Senior meetings (for 15 years and older)	<input type="checkbox"/>
I will compete for Harlow AC at Open Meetings (available for all age groups)	<input type="checkbox"/>

To compete for Harlow AC you will need a club vest. These are £15.00 each and may be obtained at the clubhouse.

Parents/Guardian and Senior Athlete Declaration

I am aware that Harlow AC is run by volunteers and I will support the club in the following ways

I will ensure that I or my child will be able to compete in at least one competition	<input type="checkbox"/>
I am prepared to help at matches that I or my child is already competing in	<input type="checkbox"/>
I am interested in helping as a volunteer during training nights	<input type="checkbox"/>

Occasionally the Club may take photos or Videos for training or promotional purposes (e.g on the Club Website)
Please tick this box if you have any concerns about videos or photos being taken of you

I will follow the club's code of conduct and abide by the club rules. I understand that if I wish to leave the club I am required to provide a letter of resignation to the Club Secretary

Signed <input type="text"/>	Date <input type="text"/>
Print Name <input type="text"/>	
Relationship to athlete <input type="text"/>	

A parent or guardian must sign for U18 Athletes (please state your relationship to the athlete)

Membership and Session Fees pay for the athlete and club insurance via UK Athletics, Coach Training, Venue Hire and the provision of equipment for each session. Harlow AC can provide athletes with help to meet the costs of membership and/or training. Please speak in complete confidence to the Club Secretary if you need assistance with training or membership costs.

In case of membership stops and oversubscription of coaching groups, preference will be given to athletes who show willingness to compete for the club.

Disclaimer

Athletes train and compete at their own risk. Harlow Athletic Club cannot accept any responsibility for any injury or accident that happens to an athlete who is not a member of the club.

Medical Records

Please make your coach aware of any injury or relevant medical issues you may have or if there is an improvement or deterioration in the condition throughout the year.

Doctors Name	
Practice Address	
Practice Number	

Do you have any of the following conditions?					
Asthma	Yes/No		Diabetes	Yes/No	
Epilepsy	Yes/No		Heart Complaints	Yes/No	

Do you need to have medication with you when taking part in sport?	Yes/No	
If so, what kind, and please speak to the welfare officer or coaching director if it cannot self administered by the athlete:		

Do you have any allergies?	Yes/No	
If so, please specify:		

Do you have any other illness or disability that may affect participation?	Yes/No	
If so, please specify:		

Do you have any other medical information that may need to be required in case of an emergency?	Yes/No	
If so, please specify:		

Authorisation to seek medical care and use this information in case of emergency

Signed		Date	___ / ___ / ___
Print Name			