



BIRTLEY ATHLETICS CLUB MEMBERSHIP FORM

Welcome to Birtley Athletics Club (www.birtleyac.co.uk)

We accept athletes of any ability from 8 years of age.

To ensure we have the correct details for you, please fill out this form in full and return with the appropriate remittance to Bob Jacques (treasurer)

SECTION A: ATHLETE DETAILS

First Name			Surname		
Address					
Postcode			Ethnicity (e.g. White, Asian, Black, Mixed race)		
Telephone			Mobile Number (if over 16 years of age)		
Date of Birth (DD/MM/YY)			Email Address (if over 16 years of age)		
Are you, or have you been, a member of any other athletics club? Y / N If yes, please give name of club					
Have you resigned from that club? Y / N If yes, please give date of resignation and membership number			Date:-		
			No:-		
County of Birth			If required, will you compete for Birtley AC?	Y / N	

I,, having been admitted as a member of Birtley AC do hereby declare willingness to conform to the rules and regulations thereof, and that Birtley AC shall have first claim on my services in all team and individual events until such time as I resign in writing.

SECTION B: PARENT / CARER DETAILS

If you are under 16 years of age, please ask your parent / carer to complete the following section

First Name			Surname		
Address					
			Postcode		
Telephone			Mobile Number		
Email Address					
Do you agree to the club using these details to contact you occasionally, e.g. newsletter, event dates? If yes, please state preferred method (Email or text)				Y / N	
Do you object to your child's photograph being used on the club website, or in any publicity material or newspaper reports involving the club?				Y / N	
We ask all parents / carers to help out at club events for a few hours each year, if possible. Please let us know if you have a specific area of interest or expertise that may benefit the club.					



SECTION C: MEDICAL INFORMATION

As far as you are aware, are you fit to take part in strenuous physical activity?: Y / N

Please detail below any important medical information that our coaches should be aware of, e.g. epilepsy, asthma, diabetes, allergies, etc. and details of any medication e.g. inhalers.

Please do not leave blank – if there is no information please write NONE.

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SECTION D: EMERGENCY CONTACT DETAILS

Please indicate below who should be contacted in the event of an incident/accident.

Emergency Contact One	Name	
	Telephone Number	
Emergency Contact Two	Name	
	Telephone Number	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel.

Signature	
Print Name	

SECTION E: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in a manner befitting a Birtley AC athlete, when attending club events or activities.

Signature	
Print Name	

SECTION F: PARENTAL/ CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16YRS)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or completion.

Signature	
Print Name	

