

*Thanet Athletics Club is open to everybody age eight and over, regardless of ability, gender, race, ethnicity, religious belief, sexuality or social/economic status*

**Membership Application Form**

# Personal details

First Name

Last Name

Address

Postcode

Date of Birth

Age

Gender

Email address

School/College/University

Are you now, or have you ever been, a member of any other Athletics Club? **YES/NO**

 What claim will you be for Thanet Athletics Club 1st/2nd

If YES, please state name of club and the date that you left, if applicable

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# Medical Details

Please list here any medical conditions that we should be aware of, i.e. allergies, skin conditions, blood illnesses, breathlessness etc.

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# Emergency Contacts

In case of an emergency or an accident we will need to contact a member of your family or someone who takes care of you. In the event that the named person cannot be reached, please provide a second emergency contact.

## First contact

First Name

Surname

Address

Telephone

## Second contact

First Name

Surname

Address

Telephone

# Parent/Carer or Guardian Consent

Do you give your consent for your child/client to be photographed or videoed during training sessions for publicity and club use?

## YES/NO

Do you give your consent for the Club First Aider and/or a medical professional to administer first aid to your child/client whilst he/she is in our care? **YES/NO**

Do you give your consent for the Club First Aider to use a plaster on your child in case of minor cuts or wounds? **YES/NO**

Do you give your consent for your child/client to leave the club training venue to travel home on his/her own? **YES/NO**

I HEREBY DECLARE I AM AN AMATEUR An amateur is “*a person who competes for the love of the sport as a means of recreation, without any motive of securing any material gain from such competition*”.

I agree to abide by the rules of UK Athletics, the sport’s governing body.

**I confirm that I have read the club’s Code of Conduct, Athletes Code of Conduct and as a member of Thanet Athletics Club, I will observe it.**

Member’s signature

 PLEASE PRINT YOUR NAME AS YOUR SIGNATURE

**As the parent/Carer of an athlete under 16 years of age, I confirm that I have read the Clubs Code of Conduct and Parent Code of Conduct. I also confirm that my child had read the Athletes Code of Conduct and we will observe these.**

Parent/Carer/guardian signature

 PLEASE PRINT YOUR NAME AS YOUR SIGNATURE

All details given in this document will be kept private and confidential. Only the Chairman, Membership Secretary, First Aider and Child Protection &Welfare Officer are privileged to read the information for safety, first aid and emergency situations.

We may use your contact information to send you important documents, letters and information about the club from time to time.

Would you be interested in volunteering for the Club? **YES/NO**