

North Somerset Athletic Club – Membership Form 2012

Athlete's Details

Athlete's Full Name:		UKA Number:	Age Group:
Date of Birth:	Email Address:		Male/Female:
Full Postal Address (including Postcode):		Membership Category: (tick appropriate box)	
		SENIOR - £20 per year <input type="checkbox"/>	
		JUNIOR - £20 per year <input type="checkbox"/>	
		U11s (Yrs 3,4,5) - £10 per year <input type="checkbox"/>	
		FAMILY - £40 per year <input type="checkbox"/>	
		SOCIAL - £10 per year <input type="checkbox"/>	
Current School:			

Ethnicity

White	English <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Mixed	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other(please specify) <input type="checkbox"/>
Asian	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other(please specify) <input type="checkbox"/>
Black	Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other(please specify) <input type="checkbox"/>
Chinese	Chinese <input type="checkbox"/>

Parent/Guardian/Carer's Emergency Contact Details

Name: (Parent/Guardian/Carer)	Home Phone:	Mobile:
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Medical Details:

Please complete as fully as possible any RELEVANT medical information (allergies, medications, significant previous injuries, etc).

Year last immunised against TETANUS:

Do you consider the named person to have any disability? (If applicable, please provide relevant additional information)

- Visual
- Hearing
- Mobility
- Learning
- Other

Emergency Actions: Please advise if there is any specific action relating to the above medical conditions that are required in a medical emergency. Please add additional pages if necessary.

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Permissions & Consents From Parents/Guardians/Carers: Please read & acknowledge as indicated

Accident & Injury Policy: Whilst we treat safety as our main priority, occasional accidents and injuries are inevitable. You can assist the Club by ensuring that the Medical Details section of this form is completed fully and accurately. In signing below, you consent to your child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary to deal with the consequences of any accidents or injuries.

I have read and understood the Accident & Injury Policy, and consent to basic First Aid being administered where deemed necessary.

Signed:.....

Image & Photograph Policy: North Somerset Athletics Club will not permit photographs, video images or images of young athletes to be taken or used without the consent of Parents/Carers/Guardians. North Somerset Athletics Club will take steps to ensure these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of the Club. If you become aware that these images are being used inappropriately, or you wish to have images of your child removed from promotional material, please contact the Club's Welfare Officer.

I have read and understood the Image & Photograph Policy, and consent to images of my child being used as stated above.

Signed:.....

Club Involvement

Are you willing to help us in any of the following ways?

Serve on a Committee

Help with Club administration

Help at Track & Field Meetings I am a qualified UKA Official: Y / N (Level:)
I would be interested in training to become an Official: Y / N

Be a First-Aider at events I hold a current First Aid qualification: Y / N

Help at Club socials

Be a Club coach I am a qualified UKA Coach: Y / N (Level:)
I would be interested in training to become a Coach: Y / N

Assist with Fundraising

Membership Agreement

I have read and understood the above permissions and Code of Conduct for Athletes and Parents, and agree that I and my child will abide by all reasonable requests from North Somerset Athletics Club coaches to ensure safety, equity and enjoyment is maintained for all Athletes.

I am aware that Rules relating to Club Membership are contained in the Club Constitution. If I choose to resign from the club it will be in the form of a letter to the membership secretary.

In signing this form, I declare that the named athlete is an amateur according to UK Athletic rules.

Signed..... Print Name:

Date.....

Data provided on this form will be stored on a database managed on behalf of England Athletics by Athletics Services. Personal contact information will be used to send a competition licence/membership card and seek appropriate data clearances.

Any queries regarding membership or fees should be directed to the Membership Secretary (Shane Cox) who can be contacted on 07971 807423 or via email at membership@nsac.org.uk.

Please hand your form to a club official or send it to the below address:

NSAC Membership
54 Rosemount Road
Flax Bourton
Bristol
BS48 1UQ