

TAVISTOCK Athletic Club

www.tavistockathletics.com

APPLICATION FOR JUNIOR MEMBERSHIP 2012

Please complete one form for each member. For senior membership use the Senior Membership form.

Tavistock Athletic Club is an athlete-centred, friendly club and is open to all members of the community. The Club is committed to a policy of Equal Opportunities.

MEMBERSHIP TYPE

Please tick membership required

Existing member	<input type="checkbox"/>	£60	This can be paid at a rate of £20 per term. 3 terms: January - April; May - August; September - December.
New member	<input type="checkbox"/>	£60	

England Athletics Affiliation is included in membership. England Affiliation allows you to compete for Tavistock Athletic Club in UKA licensed events.

FAMILY MEMBERSHIP

Please complete this section if any other members of your family are applying for membership (senior or junior). Family membership attracts a 20% discount for each member.

I apply for family membership	<input type="checkbox"/>	A separate form must be completed for each member
Names of other family members	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

PERSONAL DETAILS

(Please complete all sections in **BLOCK CAPITALS**)

Surname	<input type="text"/>			
Forename(s)	<input type="text"/>			
Date of birth	<input type="text"/>			
Age	At 01/04/2012	<input type="text"/>	At 31/08/2012	<input type="text"/>
County of birth	<input type="text"/>			
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Post Code	<input type="text"/>			
Home Telephone No.	<input type="text"/>	Mobile	<input type="text"/>	
Email	<input type="text"/>			

MEDICAL & EMERGENCY INFORMATION

To help ensure your safety when training please supply previous/current medical history

Do you have any illness or medical condition?	Yes / No	Details	
Are you allergic to any drugs etc?	Yes / No	Details	
Are you currently taking medication e.g. Drugs/Inhalers?	Yes / No	Details	
If surgery or treatment (including a blood transfusion) were required, do you give your consent for a club official to give consent on your behalf if asked by a member of the Medical Profession?	Yes / No	If No please state reasons	
Doctors name, surgery & contact number			
Parent's name(s)			
Parent's mobile No.			
Parent's email			
Other emergency contact name			
Other emergency contact telephone no.			

COMPETITION

We are a competing club. Competition gives the athletes the chance to test themselves while putting everything they have been taught into practice. The club has a great history of doing well in competition. The main competition consists of Indoor Sportshall, Cross-Country (both October to March) and Track & Field (April to September). Competition is not a mandatory requirement but we would hope that athletes attend at least one of the league events. Remember that coaches within the club are here on a voluntary basis and spend a lot of time and effort into developing the children: in return they would really like to see them competing to assess how they are progressing.

Please indicate below which types of competition you are interested in competing in.

Indoor Sportshall		Cross Country		Track & Field	
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DECLARATION

I agree that my personal data will be held on a club database. I agree to the disclosure of this personal data in a list of club members to UK Athletics. I have read the athletes code of conduct which is on the club website www.tavistockathletics.com

I enclose a cheque / cash for £

Please pass this form to Tracey Lane De Courtin (Membership Secretary).

Signed (Parent/Guardian)	Date
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TAC Use Only: Subscriptions Paid	Jan-Apr	£	May-Aug	£	Sep-Dec	£
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