

TAVISTOCK Athletic Club

www.tavistockathletics.com

APPLICATION FOR SENIOR MEMBERSHIP 2012

Please complete one form for each member. For junior membership use the Junior 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	
New member	<input type="checkbox"/>	£60	
2nd claim	<input type="checkbox"/>	£60	Only applies to those members of another UK:A club
Senior Coach	<input type="checkbox"/>	£30	This only applies for active and qualified TAC coaches
Junior Coach	<input type="checkbox"/>	£5	This applies to coaches who compete
Junior Coach	<input type="checkbox"/>	£0	This applies to coaches who do not compete

England Athletics Affiliation is included in membership. England Affiliation allows you to compete for Tavistock Athletic Club in UKA licensed races and claim the reduced race entry fee (usually £2).

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"/>	

PERSONAL DETAILS

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

Surname	<input type="text"/>			
Forename(s)	<input type="text"/>			
Date of birth	<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"/>			
	<input type="text"/>			
Post Code	<input type="text"/>			
Home Telephone No.	<input type="text"/>	Mobile	<input type="text"/>	
Email	<input type="text"/>			
Occupation (optional)	<input type="text"/>			

MEDICAL 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			
Emergency Contact Name			
Emergency Contact Tel. No.			

YOUR FREE CLUB TECHNICAL T-SHIRT (NEW MEMBERS)

If you are joining as a new member you are entitled to a free club T-shirt which will be issued shortly after you submit this form. Please state what size shirt you need by ticking one of the boxes below.

T-shirt size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large
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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 to Tracey Lane De Courtin (Membership Secretary).

Signed	Date
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