



## APPLICATION FOR JUNIOR MEMBERSHIP (Under 16)

We are very pleased to welcome you to **CHILTERN HARRIERS AC.**

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to

**Membership Secretary - Steve Field, 35 Greenway, Chesham, Bucks HP5 2BX**

Please sign the form **and** we also ask that your parents or guardian sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events etc.

The annual subscription fee is **£20**

Please attach a cheque made out to **CHILTERN HARRIERS AC**

### PERSONAL DETAILS (Please Print)

SURNAME \_\_\_\_\_ FORENAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

POST CODE \_\_\_\_\_

HOME TELEPHONE NO. (incl. code) \_\_\_\_\_

MOBILE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Male Female

NATIONALITY \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

### SPORTING INFORMATION (Please Print)

Have you competed in athletics/cross-country before? Yes No

If **Yes**, where have you competed: (please indicate below and insert name of school etc.)

Primary School \_\_\_\_\_

Secondary School \_\_\_\_\_

Local authority coaching session(s) \_\_\_\_\_

\*Club \_\_\_\_\_

County \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Are you currently or have you ever been a member of an Athletics Club?** Yes No

## MEDICAL INFORMATION

Please detail below any important information that our coaches/young athletes' co-ordinator should be aware of e.g. epilepsy, asthma, diabetes, allergies etc. and give details of any medication regularly taken. This information will be kept safe and only used by a coach or official in an emergency.

Medical Details \_\_\_\_\_  
\_\_\_\_\_

## DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability?      Yes      No

If **Yes**, what is the nature of your disability?

Visual impairment                      Hearing impairment                      Learning disability  
Physical disability                      Multiple disability                      Other \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in case of incident/accident:

Contact name (e.g. parent/guardian) \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_

Alternative contact name and Tel. No. \_\_\_\_\_  
\_\_\_\_\_

**Signature of Athlete** \_\_\_\_\_ **Date** \_\_\_\_\_

### To be completed by Parent/Guardian

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example training times and competition details.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

We welcome publicity about the activities we run, or take part in, which sometimes means the media attend the events and that photography may be used.

Please tick here if you do not consent to your child being photographed.

**Name of parent/guardian** \_\_\_\_\_

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Completion of this page is optional

### Equity Policy

It would be helpful to UK Athletics in establishing the development of its equity policy if you would complete this part of the form. All information is confidential.

UK Athletics and its funding bodies use the information given for monitoring purposes only. The information will be stored and will only be used for statistical analysis and monitoring of large groups.

### Gender

Female

Male

### Ethnic origin

Choose one category from A to E and then tick the appropriate box to indicate your cultural background:

#### **A White**

British

Irish

Any other white background

#### **D Black or black British**

Caribbean

African

Any other black background

#### **B Mixed**

White and black Caribbean

White and black African

White and Asian

Any other mixed background

#### **E Chinese or other ethnic group**

Chinese

Any other ethnic group

#### **C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background