



APPLICATION FOR TRIATHLON MEMBERSHIP
(For adults and those 16 and over competing mainly in triathlon events)

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 signed to **Steve Field**, the Club's Membership Secretary at the address below. We will also use this information to ensure that you are kept informed about club events etc.

The annual subscription fee is **£6**
Please attach a cheque made out to **CHILTERN HARRIERS AC**

PERSONAL DETAILS (Please Print) MR / MRS / MS / OTHER _____

SURNAME _____ FORENAME(S) _____

ADDRESS _____

POST CODE _____

HOME TELEPHONE NO. (incl. code) _____

MOBILE _____ EMAIL _____

DATE OF BIRTH _____ Male Female

NATIONALITY _____ PLACE OF BIRTH _____

OCCUPATION _____

SPORTING INFORMATION (Please Print)

Are you a member of any other athletic / running / sports club etc. where running is an activity? Yes No If **Yes** please state name of club _____

If you were a member of any other athletic / running club as defined above please state name of club and date of resignation. (Details are required of the most recent Club only) _____

Are you a UKA qualified coach? Yes No If **Yes** please state the Level and what Event(s) or Event Group _____

Are you a qualified Track and Field official? Yes No

Are you a qualified First Aider? 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 _____

Contact Tel. No. _____

Alternative contact name and Tel. No. _____

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 being photographed.

Signature _____

Date _____

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FOR CLUB USE

Date of Election _____ Date of Resignation _____

**Return form to
Steve Field
Membership Secretary
35 Greenway
Chesham
Bucks
HP5 2BX**

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