



MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN WITH YOUR SUBSCRIPTION TO:
JUNE MIDDLETON, (ON CLUB NIGHTS PREFERRED) OR SEND TO,
18 HOLBECK PARK AVE, BARROW-IN-FURNESS, CUMBRIA, LA13 0RE. (CHEQUES MADE PAYABLE TO BARROW & FURNESS STRIDERS AC)



Welcome to Barrow & Furness Striders AC. We are an athletic club open to athletes of any ability from eight years of age.

To ensure we have the correct contact details for you, please fill out this form and return to June Middleton

SECTION A: ATHLETE DETAILS

First Name				Surname			
Address							
				Postcode			
Telephone				Mobile Number (If over 16 years of age)			
Date of Birth (DD/MM/YY)				Email Address (If over 16 years of age)			
Address of School/ College							
						Postcode	
Are you a member of any other sports club? (If yes, please state which club and which sport)							
County of Birth				Preferred Events			

SECTION B: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the complete the following section.

First Name				Surname			
Address							
				Postcode			
Telephone				Mobile Number			
Email Address							

SECTION C: PARENT/CARER HELP

We encourage all parents /carers to help out at club events if possible. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you would be able to help at. If there is a specific area of expertise that you feel you can bring to the club, please also indicate below.

Helping at athletic meetings	<input type="checkbox"/>	Assisting Training	<input type="checkbox"/>
Refreshment area	<input type="checkbox"/>	Team management	<input type="checkbox"/>
Fund raising	<input type="checkbox"/>	Supervision of athletes	<input type="checkbox"/>
Facility/Equipment maintenance	<input type="checkbox"/>	Committee post	<input type="checkbox"/>
Website management	<input type="checkbox"/>	(contact The Club Secretary for more information)	
Promotion and marketing	<input type="checkbox"/>	Helping Officials	<input type="checkbox"/>
Other (please specify)			

PLEASE CONTINUE THE FORM OVER THE PAGE

SECTION D: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) Please do not leave blank – if there is no information please write 'None'.

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SECTION E: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One Name	
Emergency One Contact number:	
Emergency Contact Two Name	
Emergency Contact Two number:	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel (to be signed by parent/guardian if under 16 years of age)

Signature	
Print Name	

SECTION F: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting a Barrow & Furness Striders AC Athlete, when attending club events.

Signature	
Print Name	

SECTION G: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition

Signature	
Print Name	