



Membership Form 2017



PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN WITH YOUR SUBSCRIPTION
(Cheques made payable to Ashford AC or enquire about BACS) TO:

Fiona Crawford: c/o Ashford AC, Julie Rose Stadium, Willesborough Rd, Kennington ,
Ashford, Kent TN24 9QX

Welcome to Ashford AC.

We are an Athletic Club open to athletes of any ability from school Year 6.

To ensure that we have the correct contact details for you please fill out this form and return to Fiona Crawford
Membership Secretary (membership@ashfordac.org.uk).

SECTION A: ATHLETE DETAILS

First Name		Surname	
Address			
	Postcode		
Telephone No		Mobile No (if over 16yrs)	
Date of Birth (DD/MM/YYYY)		Email Address (if over 16 yrs)	
Town/County of Birth			
Date of moving to Kent		Preferred Events	
Are you a member of any other sports club? If so which one?			
School/College		Post Code	

SECTION B: PARENT/CARER DETAILS

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

First Name		Surname	
Address			
	Postcode		
Telephone No		Mobile No	
Email Address			

SECTION C: PARENT/CARER HELP

One of the conditions of membership of Ashford AC is that we ask all parents/carers to help out at the club events for a few hours each year. Please tick the areas that you would be interested in helping with.

Helping at Athletics meetings		Assisting Training	
Club Social Events		Team Management	
Fundraising		Supervision of Athletes	
Equipment Maintenance		Website	
Committee Post		Promotion and Marketing	
Helping Officials		Club Desk	

SECTION D: PARENTAL/CARER AGREEMENT (please ignore if athlete over 18 years of age)

By returning this 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.
3. To helping out at 2 or more club events per year.

Signature-Parent/Carer	
Print Name-Parent/Carer	

SECTION E: MEMBERSHIP LEVELS

All athletes are required to pay a yearly subscription and then a small training fee on the nights that they train. Athletes would normally join the club as a **First claim member**, training and competing in League Teams and Championships. This means that Ashford is either your only club, or your main club, and we are responsible for passing on your England Athletics Affiliation fee.

Second Claim Membership

You may wish to join as a second claim member, if your main club is a distance away, or maybe they do not do all of the events that you require. In this instance you cannot compete in championships for us and as such we are not responsible for passing on your UK Athletics affiliation fee.

If you are joining as a Second Claim member please would you indicate in which section you are eligible to compete?

Second Claim Membership (please tick)					
Track & Field		Road		Cross Country	

Membership Fees are due on 1st January each year.

Once your club membership is paid each First Claim competing member is then affiliated to England Athletics and you will receive a competition licence.

Membership Fees: First Claim

Senior (17 and over) ---£48.00+£14.00 affiliation to England Athletics. £62.00 (+optional £12.00 training vest)
Junior (16 and under)--£43.00+£14.00 affiliation to England Athletics. +£10.00 training vest. Total £67.00

Family Senior (17 and over -2 or more in family) £43.00+£14.00 affiliation to England Athletics.
£57.00(+optional £12.00 training vest)

Family Junior (16 and under-2 or more in family) £38.00+£14.00 affiliation to England Athletics+£10.00 training vest. Total £62.00

Student away from home £14.00 England Affiliation fee only. (Jan subscription in the year following September/October course start. Available for 3-4 years as long as you are a full time student.

Members paying their annual subscription before the 31st March 2017 shall receive a discount of £5.00 off the current membership fee.

Membership Fees: Second Claim

All Second Claim members pay a membership fee of £25.00+optional training vest @£12.00

Training Fees per night

First Claim Members: £3.00
Second Claim members: £3.00
First Claim FANS members: £1.50
Second Claim FANS members: £2.00
Coach Invited visitors £3.00

If you wish to pay by BACS, please ask at the desk for details. Or email
Finance officer : kate.aac@btinternet.com

All competing members will need to purchase a Competition Vest. These are available from the club desk, on training nights .

We look forward to welcoming you and your family to the club in the near future. To find out all the latest club information, please visit our website www.ashfordac.org.uk

ASHFORD ATHLETIC CLUB

Code of Conduct for parents/people with parental responsibility

As a responsible parent/person with parental responsibility or other supporter you will:

- Respect the rights, dignity and worth of every athlete, coach, technical official and others involved in athletics and treat everyone equally.
- Cooperate fully with others involved in the sport such as coaches, technical officials, team managers, doctors, physiotherapists, sport scientists and representatives of the governing body in the best interests of the athlete.
- Consistently promote positive aspects of the sport such as fair play and never condone rule violations or the use of prohibited or age-inappropriate substances.
- Never place undue pressure on children to perform, participate or compete.
- Check out the qualifications and licences of people who are coaching or managing your child or offering a service connected to athletics such as physiotherapy, massage or nutritional advice.
- Take an active interest in your child's participation.
- Attend training or competitions whenever possible.
- Know exactly where your child will be and who they will be with at all times.
- Never make assumptions about your child's safety.
- Ensure that your child does not take any unnecessary valuable items to training or competition
- Inform your child's coach or team manager of any illness or disability that needs to be taken into consideration for athletic performance.
- Provide any necessary medication that your child needs for the duration of trips.
- Assume responsibility for safe transportation to and from training and competition.
- Return any necessary written consent forms to the club/team manager or appropriate person, including next of kin details, health and medical requirements before your child goes to any away events or trips.
- Report any concerns you have about your child's or any other child's welfare to the Club Welfare Officer, Regional, National or UKA Welfare Officers. (This does not affect your right to contact your local social services or the police if you feel it is necessary.)

As a responsible parent/person with parental responsibility, or other supporters for a young athlete, when participating in or attending any athletics activities, including training/coaching sessions and competition events you will:

- Act with dignity and display courtesy and good manners towards others
- Avoid swearing and abusive language and irresponsible behaviour including behaviour that is dangerous to yourself or others, acts of violence, bullying, harassment and physical and sexual abuse
- Challenge inappropriate behaviour and language by others
- Be aware that your attitude and behaviour directly affects the behaviour of your child and other young athletes
- Avoid destructive behaviour and leave athletics venues as you find them
- Never engage in any inappropriate or illegal behaviour
- Not carry or consume alcohol to excess and/or illegal substances.
- Not carry any items that can be dangerous to yourself or to others excluding athletics equipment used in the course of your child's athletics activity.

PLEASE SIGN AND RETURN TO YOUR TEAM MANAGER.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND THAT I WILL FOLLOW THE CODE OF CONDUCT TO THE BEST OF MY ABILITY.

Name of Child/Children _____

Name: (PRINT) _____ Parents/ Guardian

Signed: _____ Date: _____

SECTION F: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/team managers 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 G: EMERGENCY CONTACT DETAILS

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

Emergency Contact One Name	
Emergency Contact One Contact No	
Emergency Contact Two Name	
Emergency Contact Two Contact No	

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.

Signature-Parent/Carer		
Print Name-Parent /Carer		

SECTION H: ATHLETE/PARENT/CARER -- PHOTOGRAPHIC CONSENT & DATA PROTECTION

Ashford AC recognises the need to ensure the welfare and safety of all young people in sport. In accordance with our child protection policy we will not permit photographs/videos etc of young people to be taken without the consent of the parents/carers and children/athletes. AAC will follow the guidance for the use of photographs. A copy of which is available from Mrs J Snare, Child Protection Officer.

Ashford AC will take all steps to ensure that any images taken are used solely for the purpose they are intended. If you become aware that images are being used inappropriately, you should inform Ashford AC immediately.

By signing I agree to the information on this form being held on the club database and used for club communications. Access to this database is limited to club committee members, coaches and relevant team managers and any individual member or official of the club who has a club related reason for requesting it. Such information will be protected in accordance with Club Welfare policies.

Signature -Parent/Carer (If Athlete under18)	
Print Name-Parent/Carer	
Signature-Athlete	
Print Name -Athlete	

SECTION I: 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 an Ashford AC Athlete, when attending club events.

Signature -Athlete	
Print Name -Athlete	