



# Renewal Membership 2018



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 over16yrs)			
Date of Birth (DD/MM/YYYY)				Email Address (if over16 yrs)			
<b>Town/County</b> of Birth							
Date of moving to <b>Kent</b>				Preferred Events			
Are you a member of any other sports club? If so which one?							
School/College				Post Code			

### SECTION B: 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 1<sup>st</sup> 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) ---£55.00+£15.00 affiliation to England Athletics. £70.00 (+optional £12.00 training vest)

Junior (16 and under)--£50.00+£15.00 affiliation to England Athletics. +£10.00 training vest. Total £75.00

**A renewal Junior fee is minus the cost of the training vest, unless you wish to purchase a new one**

Family Senior (17and over -2 or more in family) £50.00+£15.00 affiliation to England Athletics. £65.00(+optional £12.00 training vest)

Family Junior (16 and under-2 or more in family) £45.00+£15.00 affiliation to England Athletics+£10.00 training vest. Total £70.00

Student away from home £15.00 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 28th February 2018 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**

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

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

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](http://www.ashfordac.org.uk)

**SECTION C: 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"

**SECTION D: 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		