

Ashford Athletic Club

"PROMOTING ATHLETICS AT THE GATEWAY TO EUROPE"

APPLICATION FOR MEMBERSHIP 1st April 2011-31st March 2012

Full Name:

Address:

.....Postcode:.....

Telephone Number: Mobile Number: *

E-Mail Address: *

Date of Birth:/...../..... Place of Birth..... Period of Residence in Kent:yrs

School/College/University:SchoolYear group.....

Are you now, or have you been a member of any other athletic Club? YES/NO (please circle)

If YES, please state name of club and date of resignation, if applicable

If joining Ashford AC as a second claim member, please indicate in which section you are eligible to compete: (please tick): Track & Field Road Cross Country

Fees

Membership (per schedule overleaf) £

UK athletics affiliation fee. ----- (Remember to add this) +£5.00

All athletes must have a Club Vest (circle size below) £15.00

Please circle required size of unisex vest: 28 30 32 34 36 38 40 42 44 46

TOTAL £.....

I HEREBY DECLARE I AM AN AMATEUR AS DEFINED IN AAC CLUB RULES:

"An Amateur is a person who competes for the love of the sport and as a means of recreation, without any motive of securing any material gain from such competition. "

I agree to abide by the rules of the sports governing body, UK: Athletics.

I confirm that I have read the Code of Conduct and as a member of Ashford AC, I will observe it.

Signed: (Athlete)..... Date:

As the parent/carer of an athlete under 16 years of age, I confirm I do not object to the Code of Conduct.

Signed: (Parent/Carer)

* Optional

Committee use only

Proposed by:..... Seconded by:

Date of Election:

Please turn over

HEALTH QUESTIONNAIRE:

Please state any known condition? E.g. Asthma/allergy

Has your doctor ever advised you are not to take vigorous exercise? YES/NO

Has your doctor ever said that you have heart problems? YES/NO

Has any family member suffered a sudden cardiac event at an early age? YES/NO

Do you suffer from dizziness, fainting or any other collapse, chest pain or palpitations? YES/NO

Do you have episodes of excessive breathlessness during exercise? YES/NO

Doctors Surgery-----Telephone Surgery-----

CONSENT FORM FOR PHOTOGRAPHIC FILMING EQUIPMENT

Ashford Athletic Club 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, video or other images of young people to be taken without the consent of the parent/carers and children. Ashford Athletic Club will follow the guidance for the use of photographs, a copy of which is available from Mary Davidson, Child Protection Officer.

Ashford Athletic Club will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform Ashford Athletic Club immediately.

I (parent/carer) consent to Ashford Athletic Club
photographing or videoing

Signature:Date:

I (name of child) consent to Ashford Athletic Club
photographing or videoing my involvement in athletics.

Signature:Date:

Please submit completed form and fees to:-

Kate Dickinson
Membership Secretary
Co/ Julie Rose Stadium
Willesborough Rd,
Kennington
Ashford, Kent, TN24 9QX

Membership Fees:

Senior (17 & over) £40.00+affiliation
Junior (16 & under) £35.00+affiliation
Family Senior £35.00+affiliation
Family Junior £30.00+affiliation

Student away from home UKA affiliation only

Cheques should be made payable to 'Ashford AC'

Parental Consent Form

CHILD'S DETAILS

Name:*Please Print*

Address:

.....

.....Postcode:

Medical Information:

.....

.....

Other Relevant Information (*e.g. medical, dietary*)

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Doctors SurgeryTelephone Number:

PERSON WITH PARENTAL RESPONSIBILITY

My child is in good health and I consider him/her capable of taking part in athletics. I consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics which are necessary in the opinion of a medically qualified practitioner. I also understand that, whilst Club/Team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Name:*Please Print*

Signature:

Telephone Number: DaytimeEvening

Mobile: