

# Ashford Athletic Club

## MEMBERSHIP RENEWAL 1st April 2011-31<sup>st</sup> March 2012

Full Name: .....

Address: .....

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

Telephone Number: ..... Mobile Number:.....

E-Mail Address: .....

Date of Birth: ..... England Athletics affiliation No: .....

School/College/University: ..... School Year.....

<u>Fees</u>	Senior (17 & over)	£40.00	.....
	Junior (16 & under)	£35.00	.....
	Family Senior	£35.00	.....
	Family Junior	£30.00	.....
	England Athletics affiliation fee.	For all Athletes	+ £ 5.00
	<u>All</u> athletes must have a Club Vest (circle size below)	£15.00	.....
	<i>Please circle required size of unisex vest: 28 30 32 34 36 38 40 42 44 46</i>	<b>TOTAL</b>	.....

### HEALTH QUESTIONNAIRE:

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

Medical Information: eg Asthma, Allergies

Doctors Surgery ..... Tel No.....

Athlete Signature-----Date-----

### 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: Daytime ..... Evening ..... Mobile: .....

Please make cheques payable to Ashford AC—and send to Kate Dickinson (membership Secretary)