

HOLLAND SPORTS AC

MEMBERSHIP APPLICATION 2017-18 : FAMILY

Family membership is available for family groups consisting of four people, of whom either one or two must be Adults, with the remainder Juniors or Students. A **Junior** is someone who is 17 years of age or under on 31st August 2017; a **Student** is someone who is 21 years of age or under on 31st August 2017 and is in full-time education.

MEMBER No.1 (Adult)

First name:	Last name:		
Male/Female <i>(delete as appropriate)</i>	Date of birth:	Age:	
Email:	Tel:	Mob:	
If already a first claim member of UKA-affiliated club, please name the club:			
Are there any significant medical conditions or medications that the club should be aware of? If so, please give brief details:			

MEMBER No.2 (Adult or Junior/Student)

First name:	Last name:		
Male/Female <i>(delete as appropriate)</i>	Date of Birth:	Age:	
Email:	Tel:	Mob:	
If already a first claim member of UKA-affiliated club, please name the club:			
Are there any significant medical conditions or medications that the club should be aware of? If so, please give brief details:			

MEMBER No.3 (Junior/Student)

First name:	Last name:		
Male/Female <i>(delete as appropriate)</i>	Date of birth:	Age:	
Email:	Tel:	Mob:	
If already a first claim member of UKA-affiliated club, please name the club:			
Are there any significant medical conditions or medications that the club should be aware of? If so, please give brief details:			

/continued overleaf

MEMBER No. 4 (Junior/Student)

First name:	Last name:	
Male/Female <i>(delete as appropriate)</i>	Date of birth:	Age:
Email:	Tel:	Mob:
If already a first claim member of UKA-affiliated club, please name the club:		
Are there any significant medical conditions or medications that the club should be aware of? If so, please give brief details:		

FAMILY CONTACT DETAILS

Address and postcode:		
Email:	Tel:	Mob:
Name and address of doctor:		

EMERGENCY CONTACT DETAILS

Name and status (e.g. parent, guardian)	Tel:
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DECLARATION

I and the above-named members of my family above wish to become members of Holland Sports AC. I recognize that the club expects all its members to compete for it, I declare that we are capable of taking part in athletics and I consent to the above named junior members competing for the club and being registered as a competing athletes with England Athletics. I consent to the club photographing/videoing their involvement in athletics and agree to these photographs/videos being published to promote the club or sport, in accordance with England Athletics guidelines. I accept that neither the club, nor its officers, will be held responsible for any personal injury or illness, or for any loss of property.

Name **Signature*** **Date**

**of an adult member of the family group.*

PAYMENT

Subscription	£ 150	<p style="text-align: center;">Payment Method</p> <p>Please write out a cheque payable to “Holland Sports AC”, write the name of the family group concerned on the reverse of the cheque, staple the cheque to the completed form, and hand it to a senior coach at the track.</p> <p style="text-align: center;">ONLY CHEQUE PAYMENTS ARE PERMITTED</p> <p style="text-align: center;">NO CASH PLEASE</p>
Joining fee	£ 5	
Running vests (£15 each)*	£	
Donation (voluntary)**	£	
TOTAL PAYMENT	£	
<p><i>* All athletes joining the club are required to purchase a club vest.</i></p> <p><i>**Your donation will support the improvement of the club’s training facilities.</i></p>		