

HOLLAND SPORTS AC

MEMBERSHIP APPLICATION 2019-20: FAMILY GROUP

Family membership is available for family groups consisting of four people, of whom either one or two must be Adults, with the remainder Juniors. A **Junior** is someone who is under 18 years of age.

MEMBER No.1 (Adult)

First name:		Last name:	
MALE / FEMALE (delete as appropriate)		Date of birth:	Age:
Email:	Landline:	Mob:	
If already a first claim member of UKA-affiliated club, please name the club:			
Are there are any significant medical conditions (e.g. epilepsy, asthma, diabetes, allergies), medications or disabilities that the club needs to be aware of? YES / NO (delete as appropriate)			
If YES, please give brief details:			

MEMBER No.2 (Adult or Junior)

First name:		Last name:	
MALE / FEMALE (delete as appropriate)		Date of Birth:	Age:
Contact Info	Email:	Landline:	Mob:
If already a first claim member of UKA-affiliated club, please name the club:			
Current school or college:		If already a member of a club affiliated to <i>England Athletics</i> or <i>UK Athletics</i> , please name the club:	
Are there are any significant medical conditions (e.g. epilepsy, asthma, diabetes, allergies), medications or disabilities that the club needs to be aware of? YES / NO (delete as appropriate)			
If YES, please give brief details:			

MEMBER No.3 (Junior)

First name:		Last name:	
MALE / FEMALE (delete as appropriate)		Date of Birth:	Age:
Contact Info	Email:	Landline:	Mob:

If already a first claim member of UKA-affiliated club, please name the club:	
Current school or college:	If already a member of a club affiliated to <i>England Athletics</i> or <i>UK Athletics</i> , please name the club:
Are there are any significant medical conditions (e.g. epilepsy, asthma, diabetes, allergies), medications or disabilities that the club needs to be aware of? YES / NO (delete as appropriate)	
If YES, please give brief details:	

MEMBER No. 4 (Junior)

First name:		Last name:	
MALE / FEMALE (delete as appropriate)		Date of Birth:	Age:
Contact Info	Email:	Landline:	Mob:
If already a first claim member of UKA-affiliated club, please name the club:			
Current school or college:		If already a member of a club affiliated to <i>England Athletics</i> or <i>UK Athletics</i> , please name the club:	
Are there are any significant medical conditions (e.g. epilepsy, asthma, diabetes, allergies), medications or disabilities that the club needs to be aware of? YES / NO (delete as appropriate)			
If YES, please give brief details:			

FAMILY GROUP – CONTACT DETAILS

Address and postcode:			
Contact Info	Email:	Landline:	Mob:
Name and contact details of doctor:			

EMERGENCY CONTACT

Name and relationship	Tel:
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DECLARATION

I wish the above-mentioned athletes to become members of Holland Sports AC. I declare that they are capable of taking part in athletics. I recognise that the club expects all its members to compete for it and I consent to them competing for the club and being registered as a competing athlete with England Athletics. I consent to the club photographing/videoing their involvement in athletics and agree to their photographs/videos being published to promote the club or athletics in general, and I consent to the club collecting, storing and processing the personal data provided in this form in accordance with the club's data protection policy and privacy notice as set out on the club's website at <http://www.hollandsportsac.org.uk/policies.shtml>. I accept that neither the club nor its officers shall be held responsible for any personal injury or illness, or for any loss of property.

Name Signature* Date

**Adult member of the family group.*

PAYMENT

Fee	£ 290	Payment Method Please write out a cheque payable to " Holland Sports AC " and write the name of the family group concerned on the back of the cheque. Staple the cheque to the completed form, and hand it to a senior coach at the track. ONLY CHEQUE PAYMENTS ARE PERMITTED NO CASH PLEASE
Donation (voluntary)	£	
TOTAL PAYMENT	£	
<i>Your donation will support the improvement of the club's facilities.</i>		