

BURY ATHLETIC CLUB



APPLICATION FOR RENEWAL OF MEMBERSHIP

I hereby apply to renew my membership of Bury Athletic Club and I continue to agree and conform to the rules of the Club. I declare that, as far as I know, I am fit to take part in strenuous activity. I further declare that I am an Amateur as defined by UKA rules.

Bury Athletic Club is committed to ensuring that equality is incorporated across all aspects of its development. In doing so it acknowledges and adopts the England Athletics definition of sports equity.

Full Name									
Address									
		Postcode							
Telephone				Mobile Number (if 16 and above)					
Date of Birth				Email Address (if 16 and above)					
Place of Birth				County eligible to represent					
School/ College (if applicable)									
Current group at Bury AC (e.g., U11)						Lead coach			
Type of membership (tick)	Under 11 (£15)		Under 20 years/ students (£28)		Over 20 years (£43)		Social/non competitive (£30)		
Please note £13 of the membership fee covers affiliation to England Athletics. Bury AC collects this money and forwards it to England Athletics. The exceptions are under 11s and social/non competitive members who are not required to affiliate to England Athletics									

By returning this completed form, I am willing to abide by the club code of conduct for athletes (as detailed on the Club website) and agree to always behave in the manner befitting a Bury AC Athlete, when attending club events.

Signature		Date	
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To be completed only for athletes aged 16 and under

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct for parents (as detailed on the Club website) whenever I am present at club activities or competition

I give/ I do not give (*delete as appropriate*) Bury Athletic Club my Permission to photograph my child for the purposes of publicising and promoting the club or sport, or as a coaching aid

Signature of parent/ carer		Date	
Print Name			

RETURN YOUR COMPLETED FORM AND PAYMENT TO THE CLUBHOUSE; YOU CAN ALSO COLLECT YOUR MEMBERSHIP CARD FROM THE CLUBHOUSE. YOU WILL BE REQUIRED TO PRESENT YOUR MEMBERSHIP CARD ON TRAINING NIGHTS

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PARENTAL CONSENT FORM

Athlete's Name					
Address					
				Postcode	
Date of Birth					

If you are under 16 years of age, please ask your parent/carer to complete the complete the following section so we can provide details of events, training etc

Full Name of parent/carer			
Email Address		Mobile Number	

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

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Children with asthma must inform their coach and have their reliever inhaler with them at all times - training and competition

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One Name		
Emergency One Contact number:	(H)	(M)
Emergency Contact Two Name		
Emergency Contact Two number:	(H)	(M)
Doctor's name and number		

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 of parent/ carer		Date	
Print Name			

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