

MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS &
RETURN WITH YOUR SUBSCRIPTION/BACS DATE TO:
NICOLE COLLINGWOOD

Welcome to East Grinstead AC. We are an athletic club open to athletes of any ability from school year six.

To ensure we have the correct contact details for you, please fill out this form and return to **Nicole Collingwood**

Via Thursday Club Night or post to: Abbots Wood, Furzefield Road, East Grinstead, RH19 2JL

SECTION A: ATHLETE DETAILS

First Name				Surname		
Address						
				Postcode		
Telephone				Mobile Number (If over 16 years of age)		
Date of Birth (DD/MM/YY)				Email Address (If over 16 years of age)		
Address of School/ College				Postcode		
Are you a member of any other sports club? (If yes, please state which club and which sport)						
County of Birth				Preferred Events		

SECTION B: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the complete the following section.

First Name				Surname		
Address						
				Postcode		
Telephone				Mobile Number		
Email Address						

SECTION C: PARENT/CARER HELP

One of the conditions of membership of East Grinstead Athletics Club is that we ask all parents /carers to help out at club events for a few hours each year. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you would be able to help at. If there is a specific area of expertise that you feel you can bring to the club, please also indicate below.

Helping at athletic meetings		Assisting Training	
Refreshment area		Team management	
Fund raising		Supervision of athletes	
Facility/Equipment maintenance		Committee post	
Website management		(contact Mary Lord for more information)	
Promotion and marketing		Helping Officials	
Other (please specify)			

PLEASE CONTINUE THE FORM OVER THE PAGE

SECTION D: MEDICAL INFORMATION

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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SECTION E: EMERGENCY CONTACT DETAILS

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:	
Emergency Contact Two Name	
Emergency Contact Two 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	
Print Name	

SECTION F: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting an East Grinstead Athlete, when attending club events.

Signature	
Print Name	

SECTION G: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

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 whenever I am present at club activities or competition
3. To helping out at East Grinstead Athletics Club events during the year.

Signature	
Print Name	

We look forward to welcoming you and your family to the club in the near future. To find out all the latest club information, please visit our website www.egac.co.uk and like us on www.facebook.com/EastGrinsteadAC