



## MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS  
and return along with payment to the  
Membership Secretary or any Committee Member



**Welcome to Ryston Runners Athletics Club.**

**We are an athletic club open to athletes of any ability from nine years of age.**

**Our membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>.**

### SECTION A: ATHLETE INFORMATION

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

### SECTION B: PARENT/CARER DETAILS

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

Title		First Name	
Surname			
Address			
Post code		Email Address	
Telephone		Mobile	

### SECTION C: PARENT/CARER/SENIOR HELP

One of the conditions of membership of Ryston Runners Athletics Club is that we ask all parents /carers/senior members 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 Coaching	
Refreshment area		Team management	
Fund raising/Sponsorship /Promotion/Marketing		Supervision of athletes	
Website management		Helping Officials	
Other (please specify)			

## 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'.

## 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 Contact one 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 a Ryston Runners Athletics Club Athlete, when attending club events.

Signature	
Print Name	

## SECTION G: PARENTAL/CARER AGREEMENT

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 some club events during the year.

Signature	
Print Name	

## SECTION H: PAYMENT

Membership type	<input checked="" type="checkbox"/>	Please state payment method (cash/cheque/online)	Bank Details for online payment
Junior £30.00			Bank Nat West
Senior £30.00			Sort code 53 – 61 - 38
<b>If renewing membership after 28<sup>th</sup> February a fee of £35.00 will apply</b>			Account Number 30385466
2 <sup>nd</sup> Claim £10.00			Please use your name and membership number (if known) as the reference when paying online
For 2 <sup>nd</sup> Claim please name other clubs here:			