



# 4 WEEK MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN WITH YOUR FEES TO:  
**HILLINGDON ATHLETIC CLUB**



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

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

## SECTION A: ATHLETE DETAILS

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

## 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.

<b>First Name</b>				<b>Surname</b>		
<b>Address</b>						
				<b>Postcode</b>		
<b>Telephone</b>				<b>Mobile Number</b>		
<b>Email Address</b>						

## SECTION C: PARENT/CARER HELP

Parents/guardians are expected to try to help out for a couple of hours each month. 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	<input type="checkbox"/>	Assisting Training –setting up equipment	<input type="checkbox"/>
Handling inquiries from potential new athletes	<input type="checkbox"/>	Team management	<input type="checkbox"/>
Fund raising	<input type="checkbox"/>	Supervision of athletes	<input type="checkbox"/>
Registering athletes	<input type="checkbox"/>	Membership material	<input type="checkbox"/>
Writing website articles	<input type="checkbox"/>	Results recording	<input type="checkbox"/>
Promotion and marketing	<input type="checkbox"/>	Assisting officials	<input type="checkbox"/>
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 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. That I will offer to help out when I can.

Signature	
Print Name	

-----OFFICE USE. Start & Finish Date to filled in by HAC coach only.-----

Start Date	
Finish Date	