

ENFIELD & HARINGEY ATHLETIC CLUB
(a)
APPLICATION FOR MEMBERSHIP

Membership is open to all regardless of ability, gender or ethnic origin

Forename:..... Surname:.....

Address:.....

Home Tel. No:..... Mobile No:.....

Date of Birth:..... Place of Birth:.....

Email Address:.....

Have you been a member of any athletic club? YES / NO (Please circle answer)

Please give name of the club (if yes).....

Have you resigned: YES / NO (Please circle answer) Date of Resignation:.....

Please state your Specialised Events (if any):.....

Membership: Senior (Over 20) £49.00 Please circle whether: Junior (Under 20; Full Time Student; Unemployed; Part Time Employment £38.00 Please circle whether: Honorary; Second Claim; Under 11yrs £10.00 Family – all members of family group: £85 {England Athletics Registration Fee of £5 has been included}

Declaration to be signed by the Applicant:

I hereby apply to become a member of Enfield & Haringey AC and in the event of being elected, undertake to comply with the Rules of the Club in force – a copy of which is displayed on the Club's web site. I acknowledge the information I have given will be stored on a computer for club administration purposes only, to which I have no objection.

Signature..... Printed Name.....

Date:

Consent of Parent or Guardian if Applicant is under 16 years of age

I/We hereby give consent that the person named in this Application become a member of Enfield & Haringey AC

Signed:..... Print Name:.....

Parent/Guardian Please circle the relevant answer Dated:.....

Emergency Telephone No: Mobile:.....

This form should be returned to the General Secretary either at the club or at 6 Hoecroft Court Hoe Lane Enfield Middlesex EN3 5SJ together with the appropriate subscription. All cheques are to be made payable to Enfield & Haringey AC.

Cont/.....

(b) MEDICAL FORM

You are requested to notify Enfield & Haringey AC of any medical condition particularly if medication is required as this could contravene any regulations. Please note that Enfield & Haringey cannot take any responsibility for health matters of its members. I/we also understand that whilst Enfield & Haringey AC personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury which may be suffered by my/our child. Please state on the reverse of this form any medical condition or allergies requiring medical treatment and/or medication; whether the medication is taken regularly and for what condition.

CONFIDENTIAL

Please give details below what medications are taken regularly and for what condition:

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Any Other Relevant Information:

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Please indicate your consent by ticking the boxes if applicable

- (c) Parental Consent to Compete for the Club (if under 16)
- (d) Parental Consent for Club Activities & Meetings (if under 16)
- (e) Parental Consent for Permission of having Photograph Taken (if under 16)