

TRAFFORD AC MEMBERSHIP FORM 2019



Welcome to Trafford Athletic Club. 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 in this form and return to Trafford Athletic Club.

Please complete all details in block capitals & return with your subscription to:
Trafford Athletic Club, Longford Park Stadium, Ryebank Road, Chorlton-Cum-Hardy, M21 9TA

SECTION A: ATHLETE DETAILS (FAMILY DETAILS)

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number	
Gender		(If over 16 yrs of age)	
Date of Birth		Email Address	
Address of School/College			
		Postcode	
Are you a member of any other athletic club?			
(If yes, please state which club)			
County of Birth		Preferred Events	
England Athletic No: (If already registered)			

SECTION B: PARENT/CARER DETAILS

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

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number	
Email Address			

SECTION C: PARENT/CARER HELP

Parent/Carer: would you be prepared to help with any of the following?

Helping at athletic meetings		Team management	
Refreshment area		Supervision of athletes	
Assisting Training		Helping officials	
Other (please specify)			

SECTION D: MEDICAL INFORMATION

Please tell us in detail below, of 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

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SECTION E: EMERGENCY CONTACT DETAILS

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

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

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 an appropriate manner, when attending club events.

Signature	
Print Name	

SECTION G: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE IS 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. I have read and agree to abide by the club code of conduct whenever I am present at the club activities or

Signature	
Print Name	

SECTION H: PHOTOGRAPHIC PERMISSION

I grant Trafford AC the right to take photographs of me and agree that Trafford AC may use such photographs of me for any lawful purpose.

Signature	
Print Name	

SECTION I: MEMBERSHIP FEES

		Tick box		Tick box
Over 16's Membership	£59		Family M'ship £83 + £17 per member	
Under 17's Membership	£36		Secondary 1st Claim	£19
Students Membership	£42		Guest	£36

Our preferred method of payment is by BACS:

Account Number: **10007827**

Sort Code: **16 - 14 - 20**

Reference **Your Name**

Please make cheques payable to: **Trafford Athletic Club** **Date:**

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.traffordac.co.uk