

# SLEAFORD STRIDER A.C. MEMBERSHIP FORM – 2016-17

JUNIOR MEMBERSHIP £20 /3+ JUNIORS (FROM SAME FAMILY) £50

## SECTION A: ATHLETE DETAILS

First Name			
Middle Name			
Last Name			
Address			
Postcode		Date of Birth (DD/MM/YY)	
Country of Birth		First/Second Club Claim	

## SECTION B: PARENT/CARER DETAILS

First Name		Surname	
Address (if different to above)			
	Postcode		
Telephone		Mobile Number	
Email Address			

## SECTION C: 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 D: EMERGENCY CONTACT DETAILS

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

Contact 1 Name/Number	
Contact 2 Name/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 E: ATHLETE AGREEMENT

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**Juniors member needs to sign this part:** by signing form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting a Sleaford Striders Athlete, when attending club events.

Signature	
Print Name	

## SECTION F: PARENTAL/CARER AGREEMENT

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. I am happy for the child as named above, for photos/names to appear within Strider A.C. publicity e.g. website, newspaper articles, etc. **Tick one only [Yes] [No]**
3. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competitions.
4. The child as stated above, I confirm by signing this form that is eligible to compete under UK athletics rules and that I accept that their participation in club events is undertaken at my own risk.

Signature	
Print Name	

Completed form please send to:  
**Strider Membership C/O Maureen Runacers,  
12 Chapel Hill Court, Sleaford, NG34 7FG.**

**Cheques made payable to Sleaford Striders A.C.**