

**MEMBERSHIP APPLICATION**

**Please complete all Details in Block Capitals & Return to the membership secretary or Committee member;**

**1a Pym Street,**

**Tavistock**

**PL19 0AW**

**or Club night**

TAVISTOCK

**Tavistock** Athletic Club

www.tavistockathletics.co.uk

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| **Welcome to Tavistock AC. We are an athletic / running club open to athletes of any ability from 8 years of age.** |

*Please see our privacy notice on our website*

**section a: ATHLETE DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | | |  | | | | | | | **Surname** | | | |  | | |
| **Address** | | |  | | | | | | | | | | | | | |
| **One family member at the club** | | | | | | | | | | | **Postcode** | | | | |  |
| **Telephone** |  | | | | | | **Mobile Number**  **(If over 18 years of age)** | | | | | |  | | | |
| **Date of Birth (DD/MM/YY)** |  | | | |  |  | **Email Address see note below** | | | | | |  | | | |
| **Are you a member of any other sports club** | | | | | | | | |  | | | | | | | |
| in this section Please state what you are seeking to do with the club. Tick the appropriate box(es) | | | | | | | | |
| **School year** | | | | | | | |
| **Sprints Y/N** | | **Endurance Y/N** | | | | **Jumps Y/N** | | **Throws Y/N** | | | | **Training only Y/N** | | | **Competition/ training Y/N** | |
| **Road running Y/N** | | | | **X country Y/N** | | *Please note: This is a required field, so England Athletic can invite you to access your portal to complete the registration process with them. England Athletics will not market to you without your express consent.* | | | | | | | | | | |
| **Club T-Shirt** | | | | **Size** | | *6-8 9-11 XS S M L XL XXL* | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

**SECTION B: PARENT/CARER DETAILS**

If you are under 18 years of age, please ask your parent/carer to complete the complete the following section.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | **Surname** | |  |
| **Address** |  | | | | | |
|  | | | **Postcode** | |  | |
| **Telephone** | |  | **Mobile Number** | |  | |
| **Email Address** | |  | | | | |
| *Please note: This is a required field, so England Athletic can invite you to access your portal to complete the registration process with them. England Athletics will not market to you without your express consent* | | | | | | |

**SECTION C: HELP WANTED**

One of the conditions of membership is that we ask all parents /carers to help 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/events |  | Assisting Training |  |
| Race report publicity |  | Website Management |  |
| Fund raising |  | Committee Post |  |
| Promotion and marketing |  | Other please state |  |
|  | | | |
| |  | | --- | | **SECTION D: ADDITONAL SUPPORT** |  |  | | --- | |  |   Please detail below any disability you have and/or any additional support you may require from club coaches. This will be particularly helpful to our junior coaches, who have struggled in the past when learning or emotional needs have not been brought to our attention. | | | |

**section E: 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. Please note: This consent needs to be provided by the parent for children under the age of 13. Anyone over the age of 13 can provided consent for the use of data under GDPR**

|  |
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| If there is no information please write ‘NONE’ |

**section F: 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 medical treatment for a club member 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 |  |
| |  | | --- | |  |   I consent to my special category personal data provided in section D and E to be shared with coaches for the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose | |

**section H: CLUB privacy statement & communication**

Tavistock AC take the protection of the data we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained and retained in accordance with current and future UK data protection legislation

Please read the full privacy notice carefully to see how the club will treat the personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent any unauthorised access. <http://www.tavistockathletics.co.uk/>

|  |  |
| --- | --- |
| **section j: membership fees** | |
| Single membership – please state if new. | £80 |
| Family membership | £65 (each family member) |
| Coach membership (active training) | £54 |
| Coach / life/ volunteering membership | £15 (to cover UKA Affiliation) |
| 2nd Claim membership. Training, (already a 1st claim member of another club). | £65 |
| Associate Member (2nd claim, non-train). | £20 |
| Associate Member (1st claim, competing, non-train or occasional, e.g. Uni student). | **£**  £27 |
| If Existing member -Have any details changed since last year? | YES / NO (please delete & comment). |

1. *Please note this is a renewal form for existing members.*
2. *For new junior members this does not guarantee membership until you receive an email from the membership secretary.*
3. *Full payment on or before 26th February from 3 days after this date, you will be unable to train until payment is made.*
4. *Instalments within 28 days from of the previous payment. from 3 days after this date, you will be unable to train until payment is made.*

***“When you become a member of or renew your membership with Tavistock AC you will automatically be registered as a member of England Athletics. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called my Athletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact*** [***dataprotection@englandathletics.org***](mailto:dataprotection@englandathletics.org)***.”***

***BACS Details***

***Tavistock Ac***

***account number 31262394***

***sort code 40-27-04***

***reference “Junior”******or “Senior”***