

New / Renewal (Delete as appropriate) **Membership Application**

Please read membership guidance notes before completing application

Section 1 Personal Details

EAC No: _____

Surname: _____

Forenames: _____

Address: _____

Post Code: _____

Tel No: _____

Mobile: _____

Gender: Male Female

E-Mail /1 _____

E-Mail /2 _____

Birth Date: _____

Birth City: _____

Birth Country: _____

Other Clubs

<u>Other Athletic Clubs (list)</u>	<u>Date of Resignation</u>
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Payment (Tick as appropriate):- Cash Cheque

Please make all cheques payable to 'Edinburgh Athletic Club' and return with this form to the Membership Secretary:

Mr Brian Nisbet

 - **2 Baberton Mains Way, Edinburgh. EH14 3HF**

 - **0131 442 1109**

 - **brinisbet@blueyonder.co.uk**

 **Please complete Sections 2, 3 and 4 overleaf**

Membership Category (Please tick as appropriate)

Senior (U/20, U/23 & Vet):

Junior (U/13, U/15, U/17):

Juvenile (U/11 and younger):

Full Time Student:

Family:

Associate (Coach, Official, Helper):

Friends of EAC (Sponsor, Supporter):

Events (Please tick as appropriate)

Mid Distance Sprints

Road Hurdles

X Country Jumps

Hill Throws

Group / Coach: _____

School / College: _____

SAL No. (If known): _____
Scottish Athletics Membership Tele: 0131-476-7321 to register

1st Claim Club: _____

2nd Claim Club: _____

For Official Use:

Membership Accepted Declined

Date: _____ Signed: _____

Section 2(a) Medical Information

The club is responsible for all members during an athletic event or training sessions, therefore please complete the following medical information :-

Question	Details
Do you suffer from any medical condition or disability which the club should know about before you participate in training sessions or compete for the club?	
Are you currently taking any medication for an ailment?	
Are you allergic to any medication?	
Do you use an inhaler or other similar preparation? (If YES a UKA Form will be forwarded for registration)	
Have you received a tetanus injection in the last 5 years?	
Do you have any special dietary needs?	

Section 2(b) Emergency Contacts

	<u>1st Emergency Contact</u>	<u>2nd Emergency Contact</u>
Name		
Relationship to Member		
Contact Telephone Number		

Section 3 Membership Subscription Fees

Please confirm your Membership Category and Annual Subscription * (Check criteria in guidance notes)

Membership Category	Description	Full Annual Fee	Amount Due
Senior	17 years or over including U/20, U/23 & Vets	£40	
Junior	U/13, U/15 & U/17	£25	
Juvenile	U/11 and younger	£20	
Student	In full time Education	£25	
Family	3 or more members of family residing at the same address	£65	
Associate	Non-Competing Coach, Official & Helper	£0 or voluntary donation	
Friends of EAC	Supporter / Sponsor	Donation	

Section 4 Declarations

Data Protection:- The Data Protection Act (1981), requires that you be informed that your personal details will be held on our computer database and will only be made available to club officials. If you DO NOT wish these to be disclosed to any other parties please tick here.

Photographs:- Occasionally photographs or video footage of members may be used for publicity in printed material and on the club website. If you DO NOT wish images of you or your child/ren being used in this way please tick here.

Health:- All athletes are assumed to be medically fit and not suffering from any medical disorder which has not disclosed above. It is the responsibility of all athletes, or the parent / guardian of those under 16 years to notify coaches and officials of any relevant information.

Transport:- During the season the club takes teams to participate in events all over the UK. The usual mode of transport is by hired coach arranged by the club. If you DO NOT wish your child to travel on these coaches please tick here.

Declaration:- I hereby apply to be a member of Edinburgh Athletic Club. I declare I am an amateur and understand my obligations under the rules of Scottish Athletics Limited. I agree to abide by the constitution and Code of Conduct of Edinburgh Athletic Club. I further declare that all the information provided aforesaid is accurate and true to the best of my knowledge and belief.

Signed: _____
(To be countersigned by parent / guardian if applicant is under 16 years of age)

Date: _____