

Vale of Aylesbury Athletic Club

We are pleased to welcome you to Vale of Aylesbury Athletic Club. To ensure that we have the correct contact details for you please insert the information requested below and return this form to **Pat Card, Willowbank, Edgcott, Bucks. HP18 0TN.**

Full Name of Applicant _____
 Address _____

 Post Code _____
 Telephone _____ Mobile _____
 E-Mail (please write clearly) _____
 DOB _____ M / F Birthplace _____
 Occupation/Name of School _____
 Are you a member of any other club? _____

Category of membership applied for. Please tick all relevant categories.

Senior		£70
Junior		£60
Family		£110
Concessionary		£40
Associate		£40
Second Claim	Junior	£30
Second Claim	Senior	£35
Volunteer	<input type="checkbox"/> First Aider	

<u>Training Group (If known)</u>	Kestrel Tuesday or	£55
	Kestrel Thursday	£55
Induction 11-13 yrs	<input type="checkbox"/> Harry Czapski	
Nick Taylor	<input type="checkbox"/> Dick Knowles	
Colin Whitehead	<input type="checkbox"/> Scott Grace	
Colin Coombes	<input type="checkbox"/> Jim Rayner	
Heather Fallaize	<input type="checkbox"/> Simon Dickerson	

Signature _____
 Date _____

Cheques should be made payable to **Vale of Aylesbury AC**

Medical Information

In order to comply with the requirements with the UK Athletic Clubmark, please detail below any important medical information that our coaches/team managers should be aware of. Eg. epilepsy, asthma, diabetes, etc.

_____ If asthmatic do you use a Beta 2 agonist inhaler ? Yes/No

Do you have any allergies /Are you allergic to any medication?

Details _____

Have you received a tetanus injection in the last 5 years ?Yes/No

Emergency Contact Details

Please insert the information below to indicate the person(s) who should be contacted incase of incident/accident.

Contact name and number 1 _____

Contact name and number 2 _____

VoAAC recognises the need to ensure the welfare and safety of all young people in sport.

On occasions images and videoing of young people will take place .

VoAAC will take all steps to ensure these images are used solely for the purposes they are intended.(eg: training/club website,news article.) If you become aware that these images are being used inappropriately you should inform VoAAC immediately.

I do not consent to VoAAC photographing/videoing _____

I do not consent to VoAAC photographing/videoing my involvment in sport.

Name of parent/guardian _____

Signature of parent/guardian _____

PARENTAL CONSENT TO BE COMPLETED FOR MEMBERS UNDER 18 YEARS OF AGE

By returning this completed form, I agree to the child in my care taking part in the activities of the club.

Name of Parent/ Guardian _____

Signature of Parent/Guardian _____ Date _____