

Application for Membership of (to 31st March 2012)

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 OTN.**

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.

Senior	21 years & over	£70	
Junior	8 - 20 years	£60	
Family		£110	(+£20 for a kestrel 365)
Concessionary		£40	
Associate		£40	
Second Claim	Junior	£30	
Second Claim	Senior	£35	
Volunteer	<input type="checkbox"/> First Aider		CRB <input type="checkbox"/>

Training Group (If known)

Falcons 11-13 yrs	<input type="checkbox"/>	Harry Czapski	<input type="checkbox"/>
Nick Taylor	<input type="checkbox"/>	Dick Knowles	<input type="checkbox"/>
Colin Whitehead	<input type="checkbox"/>	Scott Grace	<input type="checkbox"/>
Colin Coombes	<input type="checkbox"/>	Jim Rayner	<input type="checkbox"/>
Heather Fallaize	<input type="checkbox"/>	Simon /Trisha	<input type="checkbox"/>

Signature(by parent/guardian if under 18) _____

Date _____

Cheques should be made payable to Vale of Aylesbury AC

BACS Payment details Sort Code 30-90-38

Account Number 00397043

Please state your name with the transfer .

All members are expected to compete for the club and will be registered with UKA and given a competition licence UKA No: _____

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 in case of 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 _____(Juniors)

I do /not consent to VoAAC photographing/videoing **my** involvement in sport.(Seniors)

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 _____