



# WELCOME TO ST HELENS SUTTON ATHLETIC CLUB

We are an athletics club open to athletes of all abilities  
from 8 years of age

Visit us at [www.st-helens-sutton.co.uk](http://www.st-helens-sutton.co.uk)

To apply for membership please return completed form with subscription (see overleaf for fees) to:  
The Membership Secretary 37 Dale Crescent, Sutton Leach, St Helens, Merseyside WA9 4YD

## SECTION A: ATHLETE DETAILS

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number	
Date of Birth			Email Address
School/College			
Are you a member of any other sports club? (If yes, please state which club and which sport)			
County of Birth		Preferred Events	

## SECTION B: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the complete the following section.

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number	

## SECTION C: 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 & Number	
Emergency Contact Two Name & Number	

## SECTION D: 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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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	

**PLEASE CONTINUE OVERLEAF**

### **SECTION E: PARENT/CARER HELP**

At St Helens Sutton Athletic Club we ask parents /carers to help out 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		Assisting Training	
Refreshment area		Team management	
Fund raising		Supervision of athletes	
Facility/Equipment maintenance		Committee post	
Website management		(Contact Adrian Webb for further details)	
Promotion and marketing		Helping Officials	
Other (please specify)			

### **SECTION F: ATHLETE AGREEMENT ( IF OVER 16)**

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting an Athlete, when attending club events.

Signature	
Print Name	

### **SECTION G: PARENTAL/CARER AGREEMENT (IF UNDER 16)**

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition
3. To volunteer whenever possible to help out at club events as and when required throughout the year.
4. I give permission for my child to be photographed whilst competing for the Club to be used for press reports.

**5. Please return form with Cheque payable to St Helens Sutton AC to address overleaf.**

**Please tick as appropriate:**

**Senior member £16**

**Junior/Student member £11**

**Age 9 and under £6**

**Family member £27 two members plus £5 for each additional member over 10 years**

Signature	
Print Name	

**We look forward to welcoming you and your family to the club in the near future**