



# 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'.

|  |
|--|
|  |
|--|

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**

