



WELCOME TO

## ST HELENS SUTTON ATHLETIC CLUB

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

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

To apply for membership please bring completed form with membership (see overleaf for fees) to a session at Sutton Leisure Centre on Tuesdays or Thursdays at 18:30.

### SECTION A: ATHLETE DETAILS

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

### 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.

<b>First Name</b>		<b>Surname</b>	
<b>Address</b>			
	<b>Postcode</b>		
<b>Telephone</b>		<b>Mobile Number</b>	

### SECTION C: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

<b>Emergency Contact One Name &amp; Number</b>	
<b>Emergency Contact Two Name &amp; Number</b>	

### 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

<b>Signature</b>	
<b>Print Name</b>	

## 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 (Contact any Committee Member)	
Website management			
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 tick appropriate membership below and return form with fee (or pay on the website using PayPal) to a club session on Tuesday or Thursday evenings:

**Senior member** £30

**Junior (Age 8 -19)** £25

**Family membership** £50

**(1 Senior & 1 Junior member)**

**Extra family member** £20

Signature	
Print Name	

**Data Protection: By signing this form you agree to information being held on computer and used in the administration of the club. It will also be given to UKA for registration purposes.**

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