



CHORLEY ATHLETIC & TRIATHLON CLUB JUNIOR MEMBERSHIP FORM



Please fill out this form and return it with your subscription to: Tash Fellowes, 28 Spencers Lane, Orrell, Wigan, WN5 8RA. Phone 01695 623768

For details of membership, membership types and cost, code of conduct and club constitution please refer to [Club Details](#) on the Chorley Athletic & Triathlon Club web site.

SECTION A: ATHLETE DETAILS

First Name:				Surname:		
Gender: (Tick)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Address:					Postcode:	
Telephone:				Mobile Phone: (If over 16 years of age)		
Email Address: (If over 16 years of age)						
Date of Birth: (DD/MM/YY)				County of Birth:		
Address of School or College:					Postcode:	

Please attach a passport size photo to assist our coaches to get to know you

PLEASE CONTINUE FORM OVER THE PAGE

SECTION B: MEMBERSHIP DETAILS

Membership Type: (Tick)	Junior Under 11		Junior 11-16			
	2 nd Claim Triathlon		Junior Associate			
Family Membership: (Tick)	Yes:		No:			
Are you a member of any other sports club: (If yes, please state which club and which sport. If an athletic club please state 1 st or 2 nd claim)						
Expected Participation & Current Interests (Tick all that apply)	Track & Field		Cross Country		Road Running	
	Fell & Trail		Triathlon		Walking	

SECTION C: PARENT/CARER DETAILS

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

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Phone:	
Email Address			

PLEASE CONTINUE FORM OVER THE PAGE

SECTION D: PARENT/CARER HELP

One of the conditions of membership of Chorley Athletic & Triathlon is that we ask all parents/carers to help out at the club 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. In addition, if there is a specific area of expertise that you feel you can bring to the club please indicate below.

Race Marshal		Track/Field Judge	
Assisting Training		Race Registration	
Supervision of Athletes		Team Management	
First Aider		Social	
Refreshments		Fund Raising	
Facility/Equipment Maintenance		Website Management	
Committee Post		Promotion and Marketing	
Other (please specify)			

SECTION E: 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'.

PLEASE CONTINUE FORM OVER THE PAGE

SECTION F: EMERGENCY CONTACT DETAILS

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

Emergency Contact 1 Name:

Emergency Contact 1 Phone:

Emergency Contact 2 Name:

Emergency Contact 2 Phone:

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:

Date:

Print name:

SECTION G: ATHLETE AGREEMENT

Please tick the statement below. By returning this completed form I agree to:

Abide by rules of the club. If I fail to comply I understand that I may be asked to leave the Club

Signature:

Print name:

PLEASE CONTINUE FORM OVER THE PAGE

SECTION H: PARENTAL/CARER AGREEMENT

Please tick the statements below. By returning this completed form I agree that the Junior Member will:

Abide by rules of the club as described in the Constitution and that failure to comply may result in the athlete's immediate removal from the Club

I accept that electronic and written data will be kept under strict data protection principles for the administration and functioning of the Club, and that data may be passed to official organisations where necessary

I accept that photographs and video may be used for coaching purposes

I accept that race reports and photographs may be published on the Club web site, Club presentations and/or local press

I accept that I am responsible for informing the Membership Secretary of any changes to the above information

I agree to the CAaTC Code of Conduct for Parents/Guardians and will ensure my child behaves as is required by the Code of Conduct for Athletes

Signature:		Date:	
Print name:			

We look forward to welcoming you and your family to the club in the near future. To find out all the latest club information, please visit our website www.chorley-athletic-and-triathlon.org