



# CHORLEY ATHLETIC & TRIATHLON CLUB

## SENIOR 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, and club constitution please refer to [Club Details](#) on the Chorley Athletic & Triathlon Club web site.

SECTION A: ATHLETE DETAILS							
<b>First Name:</b>				<b>Surname:</b>			
<b>Gender:</b>	<b>Male</b>		<b>Female</b>				
<b>Address:</b>							
					<b>Postcode:</b>		
<b>Telephone:</b>					<b>Mobile:</b>		
<b>Email:</b>							
<b>Date of Birth: (DD/MM/YY)</b>							

SECTION B: MEMBERSHIP DETAILS							
<b>Membership Type:</b>	<b>Full</b>		<b>Concessionary</b>		<b>2<sup>nd</sup> Claim</b>		
	<b>Volunteer / coach (non-competitive)</b>		<b>Honorary</b>		<b>Associate of Chorley Cycling Club</b>		
	<b>Associate from Chorley Cycling Club</b>		<b>1<sup>st</sup> Claim Club Name (this box for 2<sup>nd</sup> Claim members only)</b>				
<b>Expected Participation &amp; Current Interests: (Tick all that apply)</b>	<b>Track &amp; Field</b>		<b>Cross Country</b>		<b>Road Running</b>		
	<b>Fell &amp; Trail</b>		<b>Triathlon</b>		<b>Walking</b>		

## SECTION C: MEDICAL INFORMATION

Please detail below any important medical information that our coaches 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 indicate below 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:**

## SECTION D: VOLUNTEER ROLES

Chorley Athletic & Triathlon Club asks all members 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.

<b>Race Marshal</b>	<input type="checkbox"/>	<b>Track/Field Judge</b>	<input type="checkbox"/>
<b>Assisting Training</b>	<input type="checkbox"/>	<b>Race registration</b>	<input type="checkbox"/>
<b>Supervision of athletes</b>	<input type="checkbox"/>	<b>Team management</b>	<input type="checkbox"/>
<b>First Aider</b>	<input type="checkbox"/>	<b>Social</b>	<input type="checkbox"/>
<b>Refreshments</b>	<input type="checkbox"/>	<b>Fund Raising</b>	<input type="checkbox"/>
<b>Facility/Equipment Maintenance</b>	<input type="checkbox"/>	<b>Website Management</b>	<input type="checkbox"/>
<b>Committee Post</b>	<input type="checkbox"/>	<b>Promotion and Marketing</b>	<input type="checkbox"/>
<b>Other (please specify)</b>			

## SECTION E: ATHLETE AGREEMENT

By returning this completed form I agree: (tick all)

To abide by all the Club rules described in the Constitution, and that failure to comply may result in my immediate removal from the Club rules of the club

To 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

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

To accept that race reports and photographs about me may be published on the Club web site and/or local press

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

Signature:

Date: