**section a: athlete details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | | |  | | | **Surname** | | |  |
| **Address** | | |  | | | | | | |
|  | | | | **Postcode** | | | |  | |
| **Telephone** | |  | | **Date of Birth**  **(DD/MM/YY)** | | | |  | |
| **Are you a member of any other sports club?**  **(If yes, please state which club and which sport)** | | | | |  | | | | |
| **Coach** | **Simon/Graham/Chris & Amy** | | | | **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** | |  | |
| **Email Address**  **(Essential)** | |  | | | | |

**SECTION C: PARENT/CARER HELP**

One of the conditions of membership of Jarrow & Hebburn A.C. is that we ask all 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 Andrea for more information) |  |
| Website management | |  |
| Promotion and marketing | |  | Helping Officials |  |
| Other (please specify) |  | | | |

**PLEASE CONTINUE OVER PAGE**

**COST**

£5 Annual Membership

Cost per session £3.00 payable to Coaches at the beginning of the session.

Monday 6.00-7.00pm and Wednesday 5.30-6.30pm

**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’.

|  |
| --- |
|  |

**section e: 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 : |  |

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 |  |

**section f: Athlete AGREEMENT**

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 a Jarrow & Hebburn A.C. Athlete, when attending club events.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |

**section g: PaRENTAL/carer AGREEMENT (PLease ignore if athlete over 16 years of age)**

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 helping out at 1 club events per year.

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |