***Membership Renewal Form 2017-2018***

*Please only complete if you were a member last season, please complete* ***A New Membership Form*** *if you have missed a season.*

Please complete all areas in BLOCK CAPITALS

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| \*\*\*Contact Number  If under 16yrs please put parent/carer details |  |
| \*\*\*Parent/Carer Name  If under 16yrs |  |
| \*\*\*Email Address  If under 16yrs please put parent/carer details |  |
| Coach/Training Group  Competitive/Non Competitive (please delete) |  |

**MEMBERSHIP FEES Due on April 1st 2017- March 31st 2018**

Please note this cost includes your England Athletics Registrations Fee of £14.

|  |  |
| --- | --- |
| Junior Membership - £27.00 (over 11yrs & under 17yrs on 1st April) |  |
| Second Claim/\*Full time Student/Over 65yrs Memberships - £27.00 (\*Student must be in full time education / Please send a Copy of a valid SU card) |  |
| Senior Membership - £42.00 (over 17yrs on 1st April) |  |
| Family Memberships - £98.00 (Max of 4 people - Must be a least 1 adult & 2 children) |  |
| Coaches – Free (must be actively coaching with an up to date licence and DBS ) Competitive £14 |  |

* **£1.50** – Track Anytime & the gym twice per week

**(Track subject to any external bookings, please check with the stadium).**

* **£3.00** – Indoor Track, Tuesday & Thursday 6-8pm
* **Receipts will be issued for all admissions, please keep them for spot checks, they will also be used by the coaches when taking a register for the indoor session.**

**PAYMENT & FORMS**

* Cheque or Postal Order **Made payable to Jarrow & Hebburn A.C**
* Complete forms and old card, **Send to** – Monkton Stadium, Dene Terrace, Jarrow, Tyne & Wear, NE32 5NJ,
* A SAE is required for return by post or collect from Monkton Stadium Reception
* **Memberships will not be taken unless they are in an envelope!**

**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’.

|  |
| --- |
|  |

**Emergency Contacts**

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

|  |  |
| --- | --- |
| 1. Emergency Contact – Name |  |
| Number |  |
| 2. Emergency Contact – 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 |  |

**Athlete -** By returning this completed form, I am willing to abide by the club code of conduct for athletes and all information is true to my knowledge. All information is on the notice boards in the clubhouse and stadium, including the club website.

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

**Parent/Carer if under 16 years -** By returning this completed form, I agree: To the named athlete taking part in the activities of the club.

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

**Please note all of your details are held on the Jarrow & Hebburn A.C. database. Membership Secretary’s & Club Secretary have access along with England Athletics who have shared access. The club will also use the database to communicate with club members.**