

**City of Plymouth Athletic Club
Application for Membership - 2013**



Personal Details:

Membership No:

Surname:		
First Name:		
Middle Name:		
Address:		
Postcode:		
Home Telephone No:	Mobile No:	
Email Address:		
Date of Birth:	Male	Female
University Name: (if applicable)		

Training/Competing Information:

Name of Coach (if known):		
Training Days (please circle):	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	
Discipline (i.e. Panthers, Minors, Sprint, Thows, Endurance, Jumps or specify):		
Competing Athlete: (Please circle)	Yes / No	Are you transferring from another club? Yes / No
England Athletics Membership No: If applicable/known:	If 'yes' please name previous club:	

Disability:

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.		
Do you consider yourself to have a disability? (Please tick)	Yes	No
If yes, what is the nature of your disability: (Please tick)		
Visual Impairment	Hearing Impairment	Physical disability
Learning Disability	Multiple Disability	Other (specify)

Medical Information:

Please detail below any medical information that our coaches/minors co-ordinators should be aware of (e.g. epilepsy, asthma, diabetes, etc):

Ethnicity:

A White British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/>	B MIXED White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other <input type="checkbox"/>
C ASIAN OR ASIAN BRITISH Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background <input type="checkbox"/>	D BLACK OR BLACK BRITISH Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background <input type="checkbox"/>
	E CHINESE Chinese <input type="checkbox"/>

Emergency Contact Details:

Contact Name (e.g. parent/carer/next of kin):	
Emergency Contact Number:	

Signature of Member:

Signature:	
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This section to be completed for members aged under 16:

<p>By returning this completed form, I agree to my son/daughter in my care taking part in the activities of the City of Plymouth Athletic Club.</p> <p>I understand that I will be kept informed of these activities – for example, times of training and transport details to competitions.</p> <p>I understand that the City of Plymouth Athletic Club accept no responsibility for any accident or injury sustained during training or competition.</p> <p>I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.</p>	
Name of Parent/Carer: BLOCK CAPITALS:	
Signature of Parent/Carer:	Date:

NOTE: Membership of City of Plymouth Athletic Club is open to all members of the community.

For office use only:

COPAC Membership No:	Committee Date:	
England Athletics Registration/Number:	Competing athlete: <input type="checkbox"/>	EA Remittance: <input type="checkbox"/>
	Input on EA: <input type="checkbox"/>	Registered member: <input type="checkbox"/>
	Payments commenced: <input type="checkbox"/>	Pay Method: _____