

**APPLICATION FOR JUNIOR MEMBERSHIP 2018/19**

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....First Name .....

Male/Female\* (\*delete as appropriate)

Address .....

Postcode ..... Telephone .....

Email .....

Date of birth (dd/mm/yy) ..... County of birth .....

Emergency contact name .....

Emergency contact number (during training sessions) .....

First claim UKA affiliated club (if not WVAC) .....

**I hereby apply for my child to be a member of Waveney Valley Athletic Club and agree that both myself and my child will read the Clubs Welcome Pack and abide by the Club’s Codes of Conduct within as displayed on [www.waveneyvalley.org](http://www.waveneyvalley.org)**

**I understand WVAC train to compete, and agree to compete for the Club in competitions if requested and I will help officiate at these competitions when in attendance. I further agree that we will abide by the rules of the Governing Body of Athletics and agree that my child is an amateur as defined by them.**

**My child is, as far as I am aware, fit to take part in strenuous physical activity.**

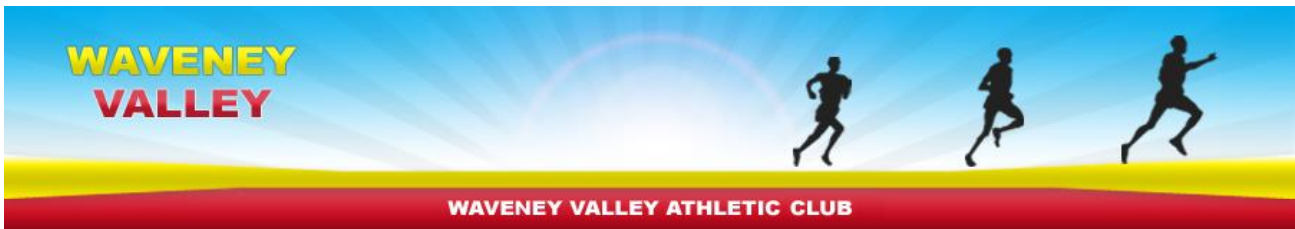
Signed (applicant) .....

Parent/guardian (if applicant is under 18) .....

Relationship to the applicant .....

If you **do not** wish your child/children’s photograph(s) to be used for publicity, promotional literature, the club website or social media sites, please sign here:  
.....





## Membership Subscription 2018/19

**1st April 2018 to 31 March 2019**                      **£15**  
 (half price from 1st October)

**UK Athletics Affiliation Fee**                              **£15**  
 (athletes aged 10 + only)

The £15 annual UK Athletics Affiliation payment is for athletes who will be aged 11 by 31/03/19. The Club will forward this on your behalf to England Athletics.

Please ensure membership subscription is paid promptly at the beginning of each year. (There are reduced fees for additional family members).

### Training Fees

All fees must be paid by Standing Order only

If this causes a particular problem please speak to Michaela. If training fees are not paid by the end of the month they are due, then training will not be permitted until fees are paid up to date. In such cases, membership may be terminated, and the athlete placed on the waiting list to re-join.

I wish to pay	* Monthly	£9	
(*delete as appropriate)	* Quarterly	£25	(April / July / October / January)
	* Annually	£90	

Our bank details are:

**Santander: Waveney Valley Athletic Club**  
**Sort Code: 09-01-29 Account No: 21206227**

*(Please give your child's name as the reference so we know who the payment is from)*

**Amount paid by standing order: £..... Payee Name/Ref: ..... Date: .....**

Please note: Your details will be stored on a database and used in connection with the club business relating to WVAC and the necessary Athletic Governing Bodies.

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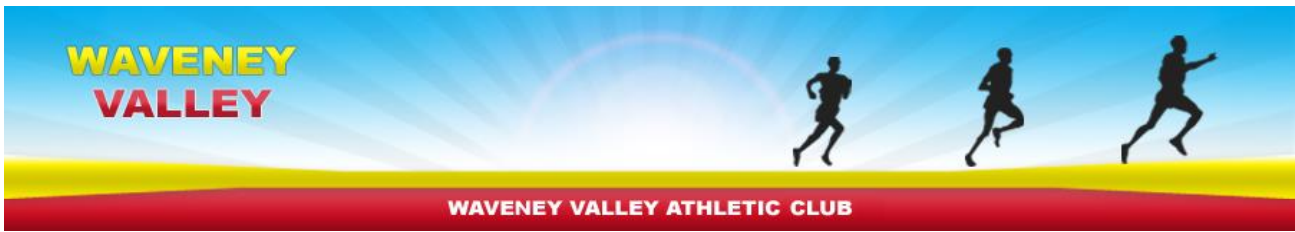
#### Office Use Only

First chargeable training date..... Membership Fee Received £.....

Date form received ..... Training Fee Received £.....

www.waveneyvalley.org / Chairman: Alan Fairs, 01502 513176 / Junior Co-ordinator: Michaela Gooch, 07941423244





## HEALTH FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Surname ..... First name .....

Address .....

Postcode ..... Telephone .....

### PLEASE ANSWER THE FOLLOWING QUESTIONS

**Does your child have any allergies?** Yes/No

If the answer is "yes" then please state type of allergy and medication/treatment required:

.....

**Does your child have Asthma?** Yes/No

If the answer is "yes" then please state the type of medication and/or treatment given.

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**Does your child have any other conditions,  
or any additional or special needs the club should be aware of?** Yes/No

If yes then please state the condition and the medication/treatment required, or detail the additional or special needs:

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If any condition and or medication changes you must inform your Coach and/or the Membership Secretary immediately.

If you have any concerns regarding your child's health, please check with your doctor before he/she starts to train or resumes training following illness.

I understand that in the case of a medical emergency arising with my child every effort will be made to obtain my consent to treatment, but if this proves impossible I authorize the Club to act *in loco parentis*.

Signed (applicant) ..... Date .....

Signed Parent/Guardian ..... Date .....