

ATHLETICS MEMBERSHIP 2021/22

PLEASE COMPLETE IN BLOCK CAPITALS

Surname First Name

Male/Female* (*delete as appropriate)

Address

Postcode Tel No(s)

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

Preferred Athletic Discipline: Sprint/Field Endurance/Field All Disciplines

I hereby apply for my child to be a member of Waveney Valley Athletic Club and agree that both myself and my child will abide by the Club's Codes of Conduct within as displayed on www.waveneyvalley.org. I will read the Clubs Welcome Pack, make my child aware of the contents and will ensure my child has read and understood the Athletes Code of Conduct.

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



Chairman: Mike Illingsworth



www.waveneyvalley.org



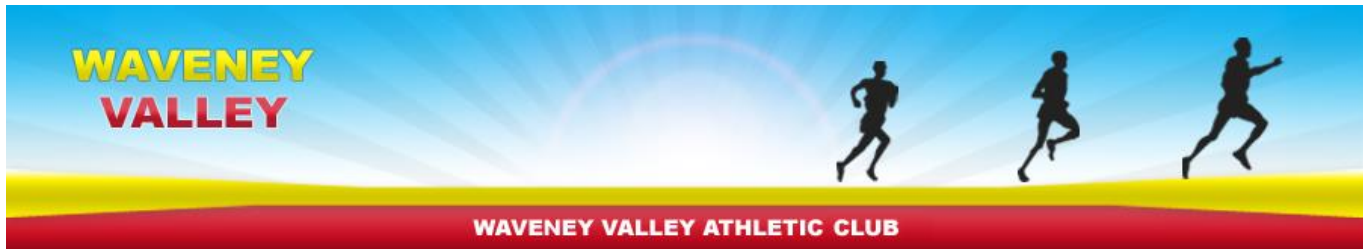
@waveneyvalleyac



wvacseniors@gmail.com



waveneyvalleyac@gmail.com



MEMBERSHIP SUBSCRIPTION 2021/22

Annual Membership/UKA Fees

Price for 1 Member (with UKA Fee) £32 Price for 2 Members (with UKA Fees) £56
 Price for 3 Members (with UKA Fees) £78 Price for 4 Members (with UKA Fees) £100

These costs include the annual £15 UKA affiliation fee (the Club submits on your behalf)

**If your child is not aged 11 before 31/03/22
 please deduct £15 from the membership subscription fees above**

Monthly Training Fees

Monthly Training Fee: **£10** or Upfront Annual Fee: **£100**

Our bank details are: Santander: **Waveney Valley Athletic Club**
 Sort Code: **09-01-29** Account No: **21206227**
 All fees must be paid by Standing Order only

Please give your child's name as the reference to help us allocate, all payments are non-refundable.

Amount paid by s / o: £..... Payee Name/Ref: Date:

To opt in to the WVAC Whats'app group for the latest updates, please give your Mobile Number:

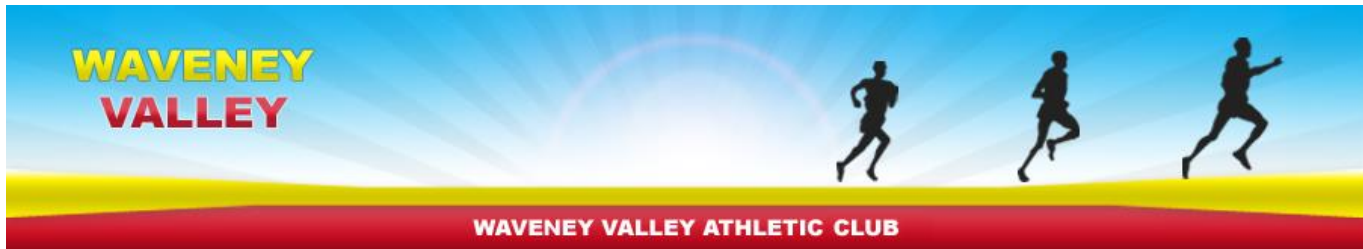
If you **do not** wish your child's photograph(s) to be used for publicity, on social media or promotional literature, please sign here:

Please note that all officiated competitions are registered on the Power of 10 website

Office Use Only

Start Date Membership Fee Received £..... Training Fee Received £.....

Coach Group Portal: Invoice Ref: Email: W'A Group: Po10: DB:



HEALTH FORM 2021/22

PLEASE COMPLETE IN BLOCK CAPITALS

Surname First name

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.

.....

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:

.....

.....

Medical information bands are available from the Club, at a subsidised cost of £10 each.

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 authorise the Club to act *in loco parentis*.

Signed (*applicant or guardian if under 18*) Date:

If guardian, relationship to the applicant: Date:



Chairman: Mike Illingsworth



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