Coach:

**EA Paid** 

Membership Paid

Facilities Paid PAID in FULL

## **MEMBERSHIP FORM**

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN WITH YOUR

SUBSCRIPTION TO: CITY OF STOKE AC





We are an athletic club open to athletes of any ability from ten years of age.

Please fill out this form and return to **SECRETARY@STOKEAC.ORG.UK** 

<b>SECTION A: ATH</b>	LETE D	ETAILS								
First Name				Surname (Mr, Mrs,						
				Miss, Ms, Other)						
					Please Sta	ite				
Address										
				Postco	de					
Telephone				Mobile Number						
				(If over 1	16 years of age)					
Date of Birth	Email			Address						
(DD/MM/YY)	(If over			16 years of age)						
Address of										
School/ College						Postco	de			
Are you a member	of any oth	ner sports o	club?				•			
(If yes, please state	which c	lub and wh	ich sport	:)						
County of Birth				Preferred Events						
<b>SECTION B: PAR</b>	ENT/CA	RER DET	ΓAILS							
If you are under 16 ye	ars of age	, please asl	k your par	rent/care	r to complete	the comp	lete the	following sec	tion.	
First Name				Surname						
Address										
				Postco	de					

## SECTION C: PARENT/CARER HELP

**Telephone** 

**Email Address** 

One of the conditions of membership of **City of Stoke AC** 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.

**Mobile Number** 

Helping at athletic meetings		Assisting Training	
Refreshment area		Team management	
Fund raising		Supervision of athletes	
Facility/Equipment maintenance		Committee post: (Contact us for more	
Website management		information)	
Promotion and marketing		Helping Officials	
Other (please specify)			

SECTION D: MEDICAL	INFORMATION				
•	tant 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'.					
OFOTION F. EMEDICENS	NA CONTACT DETAIL O				
SECTION E: EMERGENO					
	pelow to indicate the persons who should be contacted in event of an incident/accident.				
Emergency Contact One Nam					
Emergency One Contact num					
Emergency Contact Two Nam					
Emergency Contact Two num	<u>'</u>				
•	e for authorised persons acting on behalf of the club to have the necessary authority to				
•	may be required whilst at representative club competition or training. Please sign below to				
	y treatment being given to the named athlete on this form by trained personnel				
Signature					
Print Name					
SECTION F: ATHLETE A	CREMENT				
,	rm, I am willing to abide by the club code of conduct for athletes and agree to always				
	g a <b>City of Stoke AC</b> Athlete, when attending club events.				
Signature					
Print Name	/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)				
By returning this completed fo					
,	g part in the activities of the club.				
	to abide by the club code of conduct whenever I am present at club activities or competition				
To helping out at club even					
5. To helping out at club even	is during the year.				
Signature					
Print Name					
	ou become a member of or renew your membership with City of Stoke AC you				
•	tered as a member of England Athletics (you will have to register with England				
Athletics if you ever compet	te for the club). If you tick the box below we will provide England Athletics				
* *	ich they will use to enable access to an online portal for you (called				
	etics will contact you to invite you to sign into and update your MyAthletics				
	er things, allows you to set and amend your privacy settings). If you have any				
please contact dataprotection	ing privacy of your personal data when it is shared with England Athletics,				
picase contact <u>autaprotection</u>	meengunaumenes.org.				
If you do not tick the box be	elow and then decide to compete for the club, we will need to register you with				
England Athletics and we will inform you at that time.					
Tick here [ ]					
City of Stoke AC(Registered	I Charity no 1190724): c/o The Pavilion, Northwood Sports Centre, Cromer				

Road, Stoke on Trent Staffs. ST1 6QN. Or Email completed form to SECRETARY@STOKEAC.ORG.UK