

# SAC JUNIOR MEMBERSHIP APPLICATION FORM 2010-11

We are very pleased to welcome you to Scarborough Athletic Club (SAC.)

To ensure we have the correct contact details for you, **all new and current Junior** members (under 16 years of age on April 1<sup>st</sup> 2010) must complete this form and return it with payment of fees to the membership secretary **Julie Clayton** or your coach. You may also post it to:-  
17 Meadow Dene, East Ayton, Scarborough. North Yorkshire. YO13 9EL.

Please ask your parent or guardian/carer to sign the form before it is returned. We will use this information to ensure that you are kept informed about club events.

## Data Protection Act 1998

Personal data collected on this form will be stored electronically and will only be used for the purpose of administration as required by the club. It will only be disclosed to appropriate club officials and will never be given out to unrelated organisations.

Please tick the box if you **do not** want your details or photograph to be used in publicity when you represent SAC at races or events.

I apply to become a member of Scarborough Athletic Club, and agree to abide by both the rules of UK Athletics and the Constitution and rules of Scarborough Athletic Club. In particular to wear club colours when representing the Club at races or events.

Athletes Name:

Address:

Postcode

Home telephone number:

Contact Mobile:

Contact E-mail:

Date of Birth:  
dd/mm/yyyy

Gender:  
(M / F)

UKA membership number or SAC number if known:

## SPORTING INFORMATION

Have you participated in athletic events before? Yes  No

If yes, where have you done so? (Please indicate below)

Primary School  Secondary School  Local authority coaching session(s)

Athletics Club  County/National Athletics  Other (please specify below)

Please tell us which activities interest you, i.e. Long Distance running/XC/Throwing/Sprints etc:

## MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior co-ordinators should be aware of (e.g. epilepsy, asthma, diabetes etc.) If in doubt include it.

## EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer

Emergency contact number:  
(Home and Mobile if possible)

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

**Name of parent/carer (please print):**

**Signature of parent/carer:**

**Date:**

**Please include the appropriate membership fee. Without these the club cannot function.**

**Please make cheques payable to ‘Scarborough Athletic Club’.**

Fees run annually from April 1<sup>st</sup> – March 31<sup>st</sup>.

Please Tick Appropriate Box.

Under18 Individual Membership (Under 18 years of age on April 1<sup>st</sup> 2010) £17

Over18 Individual Membership (18 years of age or over on April 1<sup>st</sup> 2010) £20

Family Membership (3 athletes or more of same Household/immediate family) £50

Second Claim membership - £5

**(Please ensure a separate membership form for each family member is included).**

For **NEW members** the fees are as follows, due on the month of joining:-

Membership	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan11	Feb11	Mar11
Under18	17	16	15	14	13	12	10	9	8	7	6	5
Over18	20	19	18	16	15	14	13	11	10	9	7	6
Family	50	47	44	40	37	33	30	26	23	19	17	15
Second Claim	5	5	5	5	5	5	5	5	5	5	5	5

More details at [www.scarboroughac.co.uk](http://www.scarboroughac.co.uk)