



ISLE OF WIGHT ATHLETICS CLUB MEMBERSHIP FORM

1ST April 2019 – 31ST March 2020

SECTION ONE I /We wish to become a member/members of Isle of Wight Athletics Club (IWAC) and agree to abide by all Club rules as stipulated by the Isle of Wight Athletic Club	
SURNAME	MALE/FEMALE
FORENAME(S)	DATE OF BIRTH
ADDRESS INCLUDING POSTCODE	HOME TELEPHONE NO MOBILE NO ADDITIONAL EMERGENCY NO
EMAIL address	
School/college if applicable	Year Group

For **Family membership** (3 or more)please complete the following section:

SURNAME	MALE/FEMALE
FORENAME(S)	DATE OF BIRTH
SURNAME	MALE/FEMALE
FORENAME(S)	DATE OF BIRTH
SURNAME	MALE/FEMALE
FORENAME(S)	DATE OF BIRTH

<p>MEMBERSHIP PAID:</p> <p>If you are a competing athlete (EXCEPT U11's) England Athletics rules of competition state each individual pays an annual membership fee currently £15 for the year (1st April 2019- 31st March 2020)</p> <p>CHEQUES - please make payable to Isle of Wight Athletics Club</p> <p>BANK TRANSFER – Isle of Wight Natwest Account Account number 20707959 Sort Code 54-41-31</p> <p>Please use athletes name for Reference with MS for Membership Eg JOEBLOGGMS</p>	<p>First Claim Club IWAC</p>	
	<p>Second Claim IWAC</p>	
	<p>Please highlight membership type and payment method below</p> <p>Junior U11's just £18 for the year</p> <p>First Claim competing athletes e.g. £18 +£15 = £33 in total</p>	
JUNIOR U11	IWAC annual membership £18.00	England Athletics' payment not applicable
JUNIOR over 11	IWAC annual membership £18.00	England Athletics' Fee £15.00
ADULT	IWAC annual membership £18.00	England Athletics' Fee £15.00
FAMILY MEMBERSHIP	IWAC annual membership £45.00	England Athletics' Fee £15.00 per competing athlete
Please indicate how you have paid...	BANK TRANSFER including reference used	CHEQUE CASH

SECTION TWO	
GP's NAME	
GP'S TEL NO	
GP'S SURGERY /ADDRESS	

Please give details of important **MEDICAL information** for each member in the box below (E.g. Asthma, Epilepsy, Diabetes, Allergies - Auto- injection pens, medical requests.) **PLEASE ENSURE that the correct medication is with the athlete for training sessions, competitions etc.** Inform us if it is updated/changed. Thank you

MEMBER 1	
MEMBER 2	
MEMBER 3	
MEMBER 4	

Please provide any other relevant information such as dietary requirements, disabilities or specific medical requirements

MEMBER 1	
MEMBER 2	
MEMBER 3	
MEMBER 4	

PARENT/GUARDIAN DECLARATION PLEASE READ before signing	
I/we consider my/our child/family capable of taking part in IWAC activities – where necessary travelling to take part in training sessions/athletic competitions held either on the Isle of Wight track or at any venue.	
I/we consent that in the event of any illness or accident, I/ we understand that every endeavour will be made to contact me/us using the contact numbers overleaf. However, I/ we agree that any necessary treatment can be administered to my/our children/family member, which may include the use of anaesthetics by qualified medical staff. Please indicate – YES <input type="checkbox"/> NO <input type="checkbox"/>	
/we understand that whilst the club/team personnel will take every precaution to ensure accidents do not happen, Isle of Wight Athletic Club and personnel cannot be held responsible for any loss, damage or injury suffered by my/our family members	
I/we understand that some of the information in SECTION ONE will be held on a confidential database for Isle of Wight club use only. Those competing athletes will have some information shared on the secure England Athletics' database. The paper copy will be filed in a secure location.	
I/we agree to the use of PHOTOGRAPHY involving my/our child/ren /family member in Isle of Wight Athletic Club PLEASE PLACE an X in any bracket you do NOT agree to... IWAC promotional material () Press reports e.g County Press () IWAC website () IWAC Facebook page ()	
I/we declare that all information given on this form is accurate to the best of my/our knowledge PARENT /GUARDIAN PLEASE PRINT NAME	
SIGNATURE	DATE

