

SENIOR MEMBERSHIP - APPLICATION FORM

MEMBERSHIP IS OPEN TO ALL GROUPS OF THE COMMUNITY

- (i) I agree to comply with the Rules of the Club and of UK Athletics Ltd and Welsh Athletics Ltd. I agree that the Club, UK Athletics Ltd and Welsh Athletics Ltd may utilise the details below for their record purposes. (A copy of the Privacy Policy can be found at www.porthcawlrunners.com)
- (ii) I accept that I shall take part in the Club activities at my own risk and accept that the Club cannot be held responsible for any current medical condition or any medical condition, which may occur from me taking part in Club activities. I have obtained safe clearance from my Doctor to take part in all Club activities.
- (iii) I accept that photographs in which I feature and/or written word about me may be posted on the Club website and in the press, with reference to my actions in respect of the Club and the sport of athletics.

By becoming a member of the club, you are automatically agreeing to the codes of practice as stated by Welsh Athletics – this relates to the codes of conduct, to the rules of UK Athletics and to adhere to all anti-doping rules and regulations.

All members shall be deemed to have made him/herself/themselves familiar with and agreed to be bound by the UKA Anti-Doping Rules and to submit to the authority of UKA Anti-Doping in the application and enforcement of the Anti Doping rules.

The UKA Anti-Doping rules apply to all members participating in Athletics for a minimum of 12 months from the commencement of membership, whether or not the member is a citizen of, or resident in, the UK.

I wish to become a **First / Second Claim** Member of the Club (*circle as appropriate*).

Are you or have you been a member of another Affiliated Athletics/Running Club? If so, please complete the following: -

Name of other Athletic/Running Club _____

Date of Resignation _____ Registration No, if applicable _____

Name (in capitals) _____

Address _____

Postcode _____

Tel No (Home) _____ **(Mobile)** _____

Email address _____

Date of Birth _____ **Gender** _____

Place of Birth _____ **Nationality** _____

Signed _____ **Date** _____

Subscriptions are due annually on 1st April each year

Membership fee is £55 and includes access to Facilities at the Porthcawl Rugby Club, Third party liability insurance and Registration with Welsh Athletics Ltd. (Reduced fee of £45 for additional family members living in the same household or if you are already a member of Porthcawl Rugby Club). Second Claim membership is £34.

▪ **Medical Information**

Please detail below any important medical information that our Club should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

▪ **Emergency Contact Details**

Please provide the information below as to person(s) who should be contacted in case of an incident/accident:

Contact Name _____

Emergency Contact Number _____

▪ **Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability Yes / No (circle as appropriate)

If yes, what is the nature of your disability? _____

(You may wish to use one of the following categories: visually impaired; hearing impaired; physical disability; learning disability; multiple disabilities.)

▪ **Inhaler**

Do you use an inhaler? Yes / No (circle as appropriate)

To comply with anti-doping legislation any athlete who uses an inhaler must register with UK Athletics. The Club Secretary may provide you with all the necessary information and confidential registration form.

▪ **Club Kit**

The Club encourages runners to wear Club kit - Club vests or t-shirts must be worn at all official Club team events (e.g. BCRL) and must be worn at races where you have received a Club affiliation discount on entry fees.

Vests and t-shirts cost £17.50 each and can be obtained from the Club's Kit Officer

Please return your completed Membership Application Form to:

Membership Secretary, 46 Clos Y Mametz, Newton, Porthcawl CF36 5DJ

Cheques to be made payable to "**Porthcawl Runners**"

BACS transfer - Lloyd's Bank - Sort Code **30-67-34** Account Number **40466068**

(Please add your name as a reference on the bank transfer)

Club Use Only

Payment received in the sum of £ _____ by _____ Date _____

Date of Election _____ Signed by Secretary _____ Signed by Chair _____

Club Kit Issued _____ Club Policies Issued _____

Welsh Reg No _____ Reg Fee to Welsh Athletics _____