

ENFIELD & HARINGEY ATHLETIC CLUB

APPLICATION FORM FOR MEMBERSHIP

Please complete in full and return to the Membership Secretary at info@enfieldandharingeyac.co.uk

Male / Female please circle

First Name

Surname

Address.....

Home Telephone Mobile

Email

Date of Birth : Date Month Year

Place of Birth

STATUS First Claim Second Claim Foreign Athlete Disability Athlete

Are you, or have you been a member of another Club - Yes OR No

If Yes please state which Club

PLEASE CIRCLE EVENTS OF INTEREST

Sprints (up to 400m) Hurdles Middle Distance 800m+

Jumps PV LJ HJ TJ Throws HT DT SP JT CombinedEvents Walking Road XC

Membership Fees are payable every 1st April which includes the England Athletics Competition Licence , which is mandatory.

Membership Fee ... Seniors £50, Juniors (U20)/Students/P-T Employment/OAP £40

Family Group £125 2nd Claim/non-active £10 ... plus Club Vest/Crop Top £20

DECLARATION: To be signed by the Applicant (**18 years upwards**) or **Parent/Guardian/Carer**

I hereby apply to become a Member of Enfield & Haringey AC and in the event of being elected, I do understand I have to comply with the Rules of the Club with the intention of supporting the club teams. I also agree to the information I have given to be kept on a database for Club administration purposes.

Signed Print Name Date

If the applicant is Under-18 – The full consent of the Parent/Guardian/Carer is required below :

Signed Print Name Date

CONFIDENTIAL MEDICAL

It is imperative that Enfield & Haringey AC are kept informed and up to date with any medical conditions and medications which are prescribed by a GP or Hospital or any other Medical

ENFIELD & HARINGEY ATHLETIC CLUB

Practitioner. This is to ensure the Safety and Wellbeing of all Club members

For Applicants under 18 years – This requires the signature of a Parent/Guardian or Carer

If none of this applies to the Applicant – please put NONE

It is the Responsibility of those who sign this document for membership of Enfield & Haringey AC to make sure all medical conditions and medication are made known and are completely up-to date and correct. Any changes to medical conditions and medication must be reported immediately to the Club. It is very important for the Health & Safety of all our Club members ... without it this could mean that the Membership form will not be valid.

IMPORTANT MEDICAL INFORMATION FROM ENGLAND & UKA - GOVERNING BODY OF ATHLETICS

Do you have any long-term health conditions, impairments or illnesses that has a substantial effect on our ability to do normal daily activities?

This could include, for example – Physical. Sensory, Learning, Social, Behavioural or Mental Health conditions or Impairments. Long-term means that they have lasted, or are expected to last, 12 months or more.

Please state by Circling. Yes No Don't Know Prefer not to say

If Yes - Do these health conditions, impairments or illnesses affect you in any of the following areas? Please select all that apply and state clearly by circling below.

Breathing or Stamina

Chronic Health conditions for example, but not limited to, Asthma, Anxiety Disorder, Diabetes, Coronary Heart Disease, Stroke, Epilepsy and Hypertension

Dexterity (for example Lifting and Carrying objects, or using a keyboard

Hearing (for example Deafness or Partial Hearing

Learning or Understanding or Concentrating

Long term Pain

Memory

Mental Health.

Mobility (for example Walking short distances or Climbing Stairs

Social, Behavioural or Neurodiversity (For example, but not limited to, associated with autism, attention deficit disorder or Asperger's syndrome)

Speech or making yourself understood

Vision (for example) Blindness or Partial sight loss

Please circle: Don't Know. Prefer Not to Say. Other (Please Specify). None.

Signed Print name Date