

## **CORBY ATHLETIC CLUB**

Affiliated to: UK Athletics, England Athletics, Midland Counties AA, Northamptonshire AA.  
Headquarters: Rockingham Triangle Stadium, Corby.  
Colours: Sky blue vest with two red bands.



### **APPLICATION FOR MEMBERSHIP**

To apply for membership please return this **form** along with **2 passport photographs and payment** to the membership secretary, gate attendant or the refreshment counter when you next attend the Club.

All appropriate sections should be filled in and the declaration signed. All applicants under 18 years of age will also have to get a parent or guardian to sign their form.

The application will then be processed and a membership pack sent to you.

### **PAYMENT**

Payment can be paid by cash or cheque made payable to "Corby Athletic Club".

New applicants will have to pay the Initial year fee shown below. This is made up of the annual subscription plus a joining fee of £10.

Subsequent years annual membership fee is due on the 1<sup>st</sup> April each year.

New applicants who join after the 1<sup>st</sup> January will have their membership carried forward to the following year.

<b>Membership</b>	<b>Initial Year</b>	<b>Subsequent Years</b>
Competitive member under 11 years.	£17	£7
Competitive member under 18 years.	£22	£12
Competitive member over 18 years. (Full-time education or unemployed)	£22	£12
Competitive member over 18 years. (Employed)	£32	£22
Associate member. (Parent, supporter)	£5	£5
Family membership. (Combination of any of the above in a family unit)	£35 + £10 per member	£35

### **COMPETITIVE MEMBERSHIP (1<sup>st</sup> & 2<sup>nd</sup> Claim )**

All competitive members will be registered with the English Athletics Affiliation scheme, which entitles them to compete in athletic events. New members when first joining will receive a vest voucher, which can be exchanged at the refreshment counter for a club vest. This vest will have to be worn in all league and championship competitions.

### **FAMILY MEMBERSHIP**

A combined membership is available to families / couples which may be cheaper than individual membership. Please get every member of the family to fill in and sign a separate form.

### **HEALTH**

Before applying to become a member of Corby Athletic Club you should ensure that your health and fitness is satisfactory for participation in the sport. If you are unsure about this, you should consult your doctor beforehand.

### **INSURANCE**

As a paid up member of an affiliated club you are automatically provided with UKA insurance cover, which applies while you are involved in "athletics activities". This not only relates to training and competing, but also to social and fund raising activities organised by the club. An information pamphlet is contained in the membership pack.

### **EQUITY**

Corby Athletic Club is committed to the principle of equality for all individuals involved with the club and the sport of athletics. The club aims to ensure that all people, irrespective of age, gender, disability, race, ethnic origin, creed, colour, sexual orientation, ability or social background, have a genuine and equal opportunity to participate in athletics at all levels and in all roles. This is as a participant, coach, administrator or official. It is the aim of the club to ensure that all present and potential members receive fair and equal treatment.

1. **PERSONAL DETAILS** (Complete details below)

Forename	
Surname	
Address	
Postcode	
Home Telephone No.	
Mobile Telephone No.	
Email Address	
Date of Birth	
Place of Birth	

2. **MEMBERSHIP** (Tick appropriate box below)

Competitive member under 11 years.	
Competitive member under 18 years.	
Competitive member over 18 years. (Full-time education or unemployed)	
Competitive member over 18 years. (Employed)	
Associate member. (Parent, supporter)	

3. **CLUB HISTORY** (Complete details below If you are or have been a member of another athletic club)

Club Name		EA Registration No.	
-----------	--	---------------------	--

4. **2nd CLAIM** ( Tick the box below if you wish to join 2nd Claim as defined by UKAthletics rules.)

2nd Claim

**N.B.** Please note that 2nd claim membership will not entitle the right to use club training facilities (e.g track, weights room, etc) unless the management committee deem this acceptable.

5. **CLUB COACH** ( If known please give the name of the coach / training group you have joined )

Coach / Group	
---------------	--

6. **EMERGENCY CONTACT DETAILS** (Complete details of who to contact in the case of an emergency below)

Forename	
Surname	
Address	
Postcode	
Home Telephone No.	
Mobile Telephone No.	
Relationship to applicant	

7. **MEDICAL DETAILS** (Please complete details below where appropriate)

Have you ever been or are currently being treated for any of the following ? (Please tick if YES)

Allergies       Asthma       Diabetes       Heart Condition

Anaemia       Blood Disorder       Epilepsy       High / Low Blood Pressure

If you answered YES to any of the above please give details:

Are you currently taking any medication for any condition?      No       Yes

If you answered YES to any of the above please give details:

**The following sections are to help the Club with grant applications, questionnaire returns, sponsorship, recruitment and the development of our equity policy.**

**Please fill in as much as you feel appropriate.**

8. **DISABILITY**

Do you consider yourself to have a disability ?      No       Yes

If you answered YES to the above what is the nature of your disability ? (Please tick below)

Visually Impaired       Physical Disability       Multiple Disability   
Hearing Impaired       Learning Disability       Other

9. **ETHNICITY** (Tick the appropriate box)

<b>White</b>		<b>Mixed</b>		<b>Asian</b>		<b>Black</b>		<b>Other</b>	
British	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other	<input type="checkbox"/>		
		Other	<input type="checkbox"/>	Other	<input type="checkbox"/>				

10. **EDUCATION** (If you are in full-time education please complete details below)

Current School / College / University	
University / College Course	

11. **EMPLOYMENT** (If you are in employment please complete details below)

Current Employer	
Occupation	

12. **RECRUITMENT**

How did you hear about Corby Athletic Club ?	
--	--

13. **SKILLS**

Do you have any skills that maybe useful to the Club ? (e.g. First Aid/Web Design/Catering/etc)	
--	--

14. **DECLARATION** (All applicants must agree to the following and sign this form)

I agree:

The above details are correct and understand these details will be entered into the Corby Athletic Club membership database.

That my details can be passed to the England Athletics so that I can be enrolled into the national affiliation scheme.

To conform to the rules, policies and codes of conduct of the Club, which are displayed on the Club noticeboard and website.

That participation in athletics is entirely at my own risk.

That in the event of an emergency and where the emergency contact is unobtainable, that a representative of Corby Athletic Club will act as guardian to me and may give consent to such medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

That while I'm a member of Corby Athletic Club that if any of the above details change, I will inform the membership secretary and that any failure to do so will absolve the Club from any formal responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

15. **CHILD PROTECTION** (All applicants under 18 years must have this form signed by their parent or guardian)

I agree the above details are correct and to the signed declaration above.

I consent that the applicant can join Corby Athletic Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_