

APPLICATION FORM FOR JUNIORS (8-17vrs)

Membership Application Form		Durham City Harriers & Athletics Club
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Part A (to be completed by everyone)

Forename(s): Family Name:

Date of Birth: Age: Sex:

Address:

Post Code:

Tel. (home): Tel. mobile (Parent/Guardian)

* Email for parent or guardian (please fill in very clearly)

** Please note: This is a required field, so England Athletics can invite you to access your MyAthletics portal to complete the registration process with them. England Athletics will not market to you without your express consent.*

Part B (Only to be completed if you have previously been a member of any other Athletic Club)

Previous Club:

Have you resigned your membership of that club?	Yes / No
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Date of resignation?	
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Type of membership for which you are applying:	First Claim / Second Claim
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Part C (For monitoring purposes) Please state nationality if not British

If you are disabled, are there any ways in which the club can make it easier for you to participate?

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Membership Application Form (continued)		Durham City Harriers & Athletics Club
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SUBSCRIPTIONS 2019/2020 - please tick as appropriate		
Type of subscription	Payment	Tick here
Junior (10 years +)	£53.00	
Minor athlete (8 & 9 years)	£43.00	
As part of a family membership	No payment	
Second claim juniors, i.e. those who are already a member of another club should pay half the above rate.		

Subscriptions run from 1st April to 31st March. Please tick the appropriate box above. Reduced rates apply for first season, for new members joining after 1st October. Check with Membership Secretary for rates.

Are you joining Durham City Harriers as a result of taking part in athletics coaching sessions at your school?
YES / NO (please circle as appropriate).

For all young athlete members, a Child Protection Consent Form and a Medical Form must be completed and signed by a parent or guardian. These forms are included with this application and can also be downloaded from the Club's website at www.durhamcityharriers.org.uk. Copies can be obtained from the Membership Secretary at the address below. Applications to join Durham City Harriers cannot be processed without these two forms.

Declaration

Having been admitted as a member of DCH & AC, I do hereby declare a willingness to conform to the Rules and Regulations thereof and agree that DCH & AC shall have the appropriate level claim on my services in all team and individual cross country, road, track and field events until such time as I secede according to the rules. I understand the first 6 months are classed as a probationary period to ensure I align with the values and beliefs of the club and the club reserves the right to revoke the membership if the club and I are in conflict of this.

I am aware that my data will be passed to Athletics Governing Bodies and will be processed in accordance with the club's Privacy Policy.

Athlete's
signature

Date

Signature of
parent or
guardian

Full name of parent or
guardian (Please print)

Please send your completed form (with **NO** payment) to

Membership Secretary
Durham City Harriers & Athletics Club
c/o The Graham Sports Centre
Maiden Castle
Durham
DH1 3SE

Once you have been added to the database, you will receive a request for payment of your subs, which you can then pay online. Once you have received your 'request for payment', if you want to pay by cheque/cash, just email the Membership Secretary for advice. email: dchmembership@yahoo.com

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DURHAM CITY HARRIERS AND ATHLETICS CLUB PARENTAL / CARER CONSENT FOR USE OF PHOTOGRAPHIC & VIDEO IMAGES OF CHILDREN / YOUNG PEOPLE UNDER THE AGE OF 18 YEARS OLD

Photography and Recorded Images

Durham City Harriers and Athletics Club (hereafter referred to as 'the Club') recognises the need to ensure the welfare and safety of all young people in athletics.

In accordance with the UK Athletics Child Protection Policy and Procedures, we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

The Club will follow its established guidance for the use of photographs which has been derived from UK Athletics policy and which is freely accessible on the Club's website. The Club will take all possible steps to ensure that these images are used solely for the purposes they are intended. If you are concerned that these images are being used inappropriately you should inform a Club Official immediately (i.e. the Chairman, Secretary, Treasurer or other member of the Club's Committee).

I _____ (parent/carer name) have parental responsibility for the young athlete _____ (child's name) and consent to Durham City Harriers and Athletics Club, or its officially authorised photographer appointed by the Club, photographing or videoing my child's involvement in athletics during my child's involvement with the Club for the purposes of publicising and promoting the Club (either in print or on the Club's website) or as a coaching aid.

Signed: _____

Date: _____

I _____ (young athlete's name) consent to Durham City Harriers and Athletics Club photographing or videoing my involvement in athletics during my time as a member of the Club and agree to them being published to promote the Club (either in print or on the Club's website).

Signed: _____

Date: _____

This form must be completed when a young athlete joins the Club. It must be returned to the Membership Secretary where it will be retained in a confidential place.

APPLICATION FORM FOR JUNIORS (8-17vrs)

Medical Conditions of
Young Athletes



Durham City Harriers &
Athletics Club

Dear Parent or Guardian,

Please complete the following medical declaration and return it to the Membership Secretary along with the Membership Form and the Photographic and Video Images Consent Form. The address of the Membership Secretary is on the Membership Form.

This information will only be passed to the coaches involved with the athletic development of the young athlete concerned on a need-to-know basis, and forms part of the Club's Welfare Policy related to the coaching of young athletes.

Forename(s):

Family Name:

Age:

Does the young athlete named above have any medical conditions that would limit him or her taking part in vigorous physical activity? Yes / No

If you have answered yes, please state the medical conditions here.

Important

If your son/daughter has a medical condition that Durham City Harriers needs to know about, you must talk to the **relevant coach on your son/daughter's first visit informing them of the necessary information**. If they change groups, please inform the new coach of the medical condition.

If the young athlete is taking medication that it is advisable to carry with them, can you please ensure that they do so e.g. an inhaler to combat the effects of asthma.

Name of parent or guardian (PLEASE PRINT)

Emergency contact phone number:

Signed (parent or guardian)

Date