**Kilmarnock Harrier & Athletic Club - Membership Application Form**

Please complete this form and return to the membership desk along with your fees, or e mail to [membership@kilmarnockharriers.com](mailto:membership@kilmarnockharriers.com).

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| **Personal Information** | | | | | | |
| **Name** |  | | | | | |
| **Address** |  | | | | | |
| **Date of Birth** |  | | **Male/Female** | | | |
| **Home Tel. No.** |  | | **Mobile No.** | |  | |
| **Primary Email Address** |  | | | | | |
| (for Junior members we recommend this is the parent contact) | | | | | |
| **Alternate Email Address** |  | | | | | |
| **Scottish Athletics Number (if known)** |  | | | | | |
| **Emergency Contact Information** | | | | | | |
| **Name** |  | | | **Relationship to athlete** | |  |
| **Emergency Tel. No** | |  | | | | |
| **Doctor Surgery** | |  | | | | |

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| **First Claim Club** |
| Are you or have you ever been a member of another Athletic Club?  If so, please give details of club and evidence of written clearance from club, if changing First Claim.  We assume Kilmarnock Harrier & Athletic Club is your first claim club unless otherwise indicated. |

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| **Membership Fees** |
| Membership fees are agreed annually, in March, at the Club AGM and will be notified on the Club website, or available from the registration team.  Payment can be made by cash or cheque at Club registration, or by internet banking.  Tick here if paid online (please ensure your name is included as a reference in any online payment) |

Please complete sections overleaf.

During training or competition there may be a need for athletes to obtain medical attention. Club officials and coaches should be aware of medical conditions and allergies.

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| Do you suffer from any medical condition, disability or behavioural problems which the club should know about before you take part in training or competition? |  |
| Are you currently taking any medication for an ailment? |  |
| Are you allergic to any medication? |  |
| Do you use an inhaler or other similar preparation?  (Some inhalers require notification to British Athletics. Appropriate form can be downloaded from club website.) |  |
| Do you have any special dietary requirements? |  |

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| **Declarations**  **Data: -** The Data Protection Act requires that you be informed that your personal details will be held on our computer database and will only be made available to club officials.    **Photographs: -** Occasionally photographs or video footage of members may be used for publicity in printed material and on the club website. I have no objection to featuring in such material.  **Health: -** All athletes are assumed to be medically fit and not suffering from any medical disorder which has not been disclosed above. It is the responsibility of all athletes or the parent/guardian of those under 16 years to notify coaches and officials of any relevant information.  I hereby give consent for medication and/or anaesthetic to be given to me/my child by recognised medical personnel and for first aid treatment to be given should the need arise. |

I hereby apply to be a member of Kilmarnock Harrier & AC. I confirm that I will compete for the club whenever possible. I agree to abide by the constitution and Code of Conduct of Kilmarnock Harrier & AC. I further declare that all the information provided aforesaid is accurate and true to the best of my knowledge and belief.

I understand that the information given on this form will be retained by the Club as required by the Rules of Scottish Athletics and that this and other information supplied to the club will be retained on a computer system.

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| **Signed (Athlete)** |  |
| **Signed(Parent/Guardian) if athlete U18** |  |

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| **For Club Use**  Membership No.  Fee paid £  Database updated \_\_\_\_\_\_ |