

**Membership Application Form 01 April 2017–28 February 2018**  
 Secretary to MHAC: Mr B Holmes. Membership Secretary: Miss S Armitage

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone no \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_ Age group U11 U13 U15 U17 JNR SNR (Circle as appropriate)

Email address \_\_\_\_\_

Membership of other athletic clubs: \_\_\_\_\_

**FAMILY MEMBERSHIP (please complete for each additional family member)**

Name	Date of birth	Age group	Contact no
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**2017/18 Membership Options and Fees (with England Athletics Registration fee £14)**

Membership duration: Joining Dates:	11 Months April-June	8 Months July-Sept	5 Months Oct-Dec	2 Months Jan-Feb
<b>Membership Fees - Track &amp; Field, Road and Cross Country</b>				
Adults	£82 (£96)	£60 (£74)	£37 (£51)	£15 (£29)
Under 16 or Full Time Education	£59 (£73)	£43 (£57)	£27 (£41)	£10 (£24)
Family (family of 4 (max))	£165 (£221)	£120 (£176)	£75 (£131)	£30 (£86)
Associate / Active Coach	£5	£5	£5	£5
Second Claim	£45	£33	£20	£8
<b>Membership Fees - Road and Cross Country only</b>				
Adults	£59 (£73)	£43 (£57)	£27 (£41)	£10 (£24)
Under 16 or Full Time Education	£36 (£50)	£26 (£40)	£16 (£30)	£6 (£20)
Family (family of 4 (max))	£165 (£221)	£120 (£176)	£75 (£131)	£30 (£86)

- Please circle the membership type you are applying for (*\*circle only one of the options*).  
*\*deduct £13 (per person) if competition licence or U11 information pack not required.*
- If under the age of 16, please complete the Young Athlete Consent Form overleaf

Please give details of any medical condition:	
Please give details of any First Aid Training/ Qualifications:	
Please tick box if willing to act as a volunteer	<input type="checkbox"/>
Tick box if competition licence or U11 information pack is required	<input type="checkbox"/>
Tick to indicate how payment will be made:	In full (enclosed with form) <input type="checkbox"/> Standing Order <input type="checkbox"/> Bank Transfer <input type="checkbox"/>
Name of coach(es) ( <i>identify Lead Coach</i> )	

Signed \_\_\_\_\_ Date \_\_\_\_\_

Cheques to be made payable to: **MANSFIELD HARRIERS & A.C.** Return completed form(s) and payment to:  
 Membership Secretary, 27 Teignmouth Avenue, Mansfield, Nottinghamshire NG18 3JQ

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Payment due to EA	£ _____	Category	Junior / Senior / Family / Assoc / Other
Midland registration number	_____	Date fee paid	_____
Type of payment	Cash / Cheque/ Standing Order/ Bank Transfer	Fee paid	£ _____



## YOUNG ATHLETE CONSENT FORM

The following **MUST** be completed for athletes under the age of 16

Name of Athlete(s) \_\_\_\_\_

### Photographs:

Do you give permission for Mansfield Harriers & Athletic Club to take photographs and videos of your son/daughter at athletics events and training sessions by a coach for training purposes or to use them on the Mansfield Harriers & Athletic Club website and other promotional material (e.g. local newspapers)? **YES/NO**

### Transport:

Hire transport will be provided to certain events during the year. If required, do you give your permission for your child(ren) to travel on this transport? (Limited space may be available for parents). **YES/NO**

### Communication:

Do you give permission your child's coach to directly communicate with your child through electronic methods regarding coaching and information related to Mansfield Harriers and Athletic Club? **YES/NO**  
(Electronic communication includes texting, e-mails, Facebook, Twitter, personal mobile phone calls and other social media).

I agree that Mansfield Harriers & Athletic Club are only responsible for my son/daughter during training times (6:15pm to 8:00pm or on completion of training sessions). I accept that it is my responsibility to deliver him/her to and collect him/her from the training facilities before and after each training session. In the event that I cannot be contacted, I hereby give consent to any necessary medical treatment being administered to my son/daughter and authorise a Mansfield Harriers & Athletic Club Official to sign any documents required by the medical authorities.

Signed \_\_\_\_\_ (Parent/Guardian)

Print name \_\_\_\_\_ Date \_\_\_\_\_

Please use the space provided below to inform us of any medical conditions that your child(ren) may suffer

Name \_\_\_\_\_ Condition(s) \_\_\_\_\_

Name \_\_\_\_\_ Condition(s) \_\_\_\_\_

Name \_\_\_\_\_ Condition(s) \_\_\_\_\_

Name \_\_\_\_\_ Condition(s) \_\_\_\_\_