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**Registered Charity**

**No. 1127057**

**MEDWAY AND MAIDSTONE ATHLETIC CLUB**

**MEMBERSHIP RENEWAL 2017**

# Membership subscriptions are due from 1st JANUARY 2017 and should be sent or handed to the Membership Secretary as soon as possible with a completed membership form.

**Gloria Clements, 56 Peregrine Drive, Sittingbourne, ME10 4UG**

**All athletes whose membership is fully paid will be expected to compete for the club and be able to use the track facilities at training sessions; non-competing athletes will be asked to pay an extra fee for training only.**

**Qualified active Club Coaches & Officials are allowed 1 free membership per year (for themselves or a child) but still need to pay £14 EA fee**

 Any queries contact Membership Secretary on mandmacmemberships@gmail.com

 TICK

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| --- | --- | --- |
| **Senior Membership Fee** (Includes £14 EA Fee) | £90 |  |
| **Junior (U18 on 1st Sept) Membership Fee** (Includes £14 EA Fee) Deduct £14 if DOB is after 31.08.2006 | £80 |  |
| **Family Membership Fee** (three or more family members must include 1 adult). Add £14 for each competitor (EA Fee). | £150 |  |
| **University Student** | £30 |  |
| **No Track Use** for those not using club facilities | £45 |  |
| **Use of facilities** – Training only | £100 |  |
| **Second Claim Members** | On request |  |
| **Road Runners** | £25 |  |

Amount enclosed £……………. cash/cheque (made payable to Medway & Maidstone A.C.) Cheque no………………………….

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**To ensure that we have the correct details for you. Please complete this form IN FULL (please write clearly)**

If you are under 16 please ask your parents or guardian to sign the form before it is returned.We will also use this information to ensure that you are kept informed about club events.

**PERSONAL DETAILS**

Name: ………………………………………………………………….......................................................

Address: …………………………………………………………..............................................................

Post Code: …………………………………………………Date of Birth.………………………………….

Home tel................................................ Mobile number.............................................................

E-mail address: ………………………………………………………………………………….....................

***Note*: *If you are under 16 your e-mail address should be that of a parent or guardian. It will be used to send you club news-letters and information.***

**TRAINING AND COACHING DETAILS:**

Name of coach:........................................... Training Venue,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

School or university:.............................................................................................................................

Preferred events:..................................................................................................................................

**MEDICAL INFORMATION (*This section MUST be completed).***

Do you or does your son/daughter have any medical condition of which our coaches/team managers or junior co-ordinator(if applicable) should be aware of (e.g. epilepsy, asthma, diabetes, etc.)?

Yes No *please tick as appropriate*

If “Yes” please give details: ...............................................................................................................

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**EMERGENCY CONTACT DETAILS - To be completed by Parent/Guardian if under 16**

Please insert the information below to indicate the person(s) who should be contacted in case of incident/accident.

Contact name (e.g. parent/guardian/partner), ....................................................................................

Emergency contact number: ..............................................................................................................

**This section is only applicable if you are the parent/guardian of a club member under 16).**

By returning this completed form, I agree to the son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities - e.g. timing and transport details.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian:...............................................................................................................

Date: ……………………………………………..

Signature of parent/guardian:.........................................................................................................

**VOLUNTEERS**

All those who run the Club, Coach, Officiate, Team Managers etc. are all unpaid volunteers. Without volunteers, the Club could not survive. For example, the club is currently desperately short of ‘assistant officials’. So if you or your child are enjoying your/their time with the Club, why not give something back – your time.

Please indicate which you would be willing to help with

Assistant Coach Assistant Official

Administration Refreshments

Team Manager Committee Member

Other Expertise that could be useful:

(please specify): ………………………………………........................................................................................

**Code of Conduct for Athletes and Parents**

The Codes of Conduct for Athletes and Parents can be found in sections 4 and 5 of the Welcome Pack on the home page of the Medway & Maidstone Athletics Club [**http://www.mandmac.org/index.html**](http://www.mandmac.org/index.html)

I have read, understood and agree to abide by the code of conduct for athletes and code of conduct for parents (if applicable). I agree to abide by the rules and regulations as laid down by the club constitution.

Signature of athlete ………………………………………………………… Date:………………………………….

*(or parent/guardian if under 16)*