

SAC JUNIOR MEMBERSHIP APPLICATION FORM 2013-14

We are very pleased to welcome you to Scarborough Athletic Club (SAC.)

To ensure we have the correct contact details for you, **all new and current Junior** members (under 16 years of age on April 1st 2013) must complete this form and return it with payment of fees to the membership secretary **Julie Clayton** or your coach. You may also post it to:-

17 Meadow Dene, East Ayton, Scarborough. North Yorkshire. YO13 9EL.

Please ask your parent or guardian/carer to sign the form before it is returned. We will use this information to ensure that you are kept informed about club events.

Data Protection Act 1998

purpose of adm officials and will Please tick the I	ollected on this form will be stored electronically and will only be used for the nistration as required by the club. It will only be disclosed to appropriate club never be given out to unrelated organisations. Soox if you do not want your details or photograph to be used in publicity what at races or events.	lub
rules of UK Athl	ne a member of Scarborough Athletic Club, and agree to abide by both the etics and the Constitution and rules of Scarborough Athletic Club. In partic ours when representing the Club at races or events.	
Athletes Name:		
Address:		
Postcode		
Home telephor	ne number: act Mobile:	
Contact E-mail:]
Date of Birth:	Gender:	_

SPORTING INFORMATION

UKA membership number or SAC number if known:

dd/mm/yyyy

Have you participated i	in athletic events before?		Yes 🗌	No 🗌
f yes, where have you	done so? (Please indicate b	elow)		
Primary School	Secondary School L	₋ocal aut	hority coachi	ing session(s)
Athletics Club	County/National Athletics [_ o	ther (please	specify below)

Please tell us which activities interest you, i.e. Long Distance running/XC/Throwing/Sprints etc:

(M/F)





MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior co-ordinators should be aware of (e.g. epilepsy, asthma, diabetes etc.) If in doubt include it.

EMERGENCY CONTACT DETAILS

Please insert the information below	w to indicate the per	son(s) who should be conta	cted in ever	nt
of an incident/accident.				
Contact name e.g. parent/carer				
Emergency contact number:				
(Home and Mobile if possible)				
By returning this completed form,	I agree to my son/da	aughter/child in my care taki	ng part in th	ne
activities of the club.				
I understand that I will be kept info	ormed of these activi	ties – for example timing an	d transport	
details.				
I understand in the event of injury	or illness all reasona	able steps will be taken to co	ontact me,	
and to deal with that injury/illness a	appropriately.			
Name of parent/carer (please pr	int):			
Signature of parent/carer:		Date:		
Please include the appropriate r	membership fee. W	ithout these the club canr	not function	n.
Please make cheques payable to		hletic Club'.		
Fees run annually from April 1 st –		Please Tick App	propriate Bo	x.
Individual Membership - 'Under 18	,	• • • • • • • • • • • • • • • • • • • •	£23	
Individual Membership - 'Over18' (, ,	over on April 1 st 2013)	£28	
Individual Membership - Under 11	£10			
Family Membership: (Same Hous	sehold/immediate far	mily) £28 per athlete for the	first two	
'Over 18s' and then an additional £			:h 'Under 18	3' 🗌
and an additional £10 for each 'Un	nder 11' to be registe	ered.		
Second Claim membership	£10			
(Please ensure a separate mem	bership form for ea	nch family member is inclu	ıded).	

For **NEW members** the fees are as follows, due on the month of joining:-

Membership	Apr13	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan14	Feb14	Mar14
Under18	£23	£22	£21	£19	£18	£17	£15	£13	£12	£11	£10	-
Over18	£28	£27	£26	£24	£22	£20	£18	£16	£14	£12	£10	-
Family*	100%	95%	90%	80%	70%	60%	50%	45%	40%	35%	30%	-
Under 11	£10	£10	£10	£10	£10	£10	£10	£10	£10	£10	£10	-
Second Claim	£10	£10	£9	£9	£8	£8	£7	£7	£6	£6	£5	-

^{*}Note – Family Membership has a minimum payable of £10 per athlete at any point to cover UKA subscriptions