**Charnwood Junior Triathlon Club**

**Membership Application**

Please print clearly in BLOCK CAPITALS.

The form is to be completed by the adult responsible for the child. One form is required per child

|  |
| --- |
| **MEMBER DETAILS (child)** |
| **Forename** |  | **Surname** |  |
| **DOB** |  | **Gender** | Male / Female |
| **Address****Postcode** |  |
| **Home Phone**  |  | **Mobile Phone (adult)** |  |
| **Email (adult)** |  |
| **BTF No (if applicable)** |  |
| **EMERGENCY CONTACT (adult)** |
| **Contact Name** |  |
| **Contact Relation** |  |
| **Contact Phone** |  |
| **MEDICAL INFORMATION**  |
| **Does the child have a disability?** | Yes / No |
| **If Yes, please indicate which applies:** Visual/Hearing/Physical/Learning/Do not wish to disclose/Other |
| **Please detail below any important medical information that our coaches should be aware of:** E.g. epilepsy, asthma, diabetes, allergies: |

**Club Fees**

There is an ongoing monthly fee of **£28**, to cover the cost of the facility hire and coaching.

The fee must be paid in advance, on the first of each month, commencing on the first full month of membership.

Members are requested to set up monthly Standing Orders directly to Charnwood Triathlon Club using the following **bank details**:

Date of Payment: **1st of each month**

Reference: **Child surname + first name**

*NB. Thanks in advance for using this reference to help track payments*

Sort Code: **60 – 14 – 10**

Account number: **52710920**

Account name: **Charnwood Triathlon Club**

Bank details: NatWest Loughborough Branch LE11 3NZ

**Extra Information**

**Club communication:**

Official club communication will be via email, to the email address advised on the reverse of this form.

Additional information is also shared via a **Whatsapp** group (which can be more timely and easier to access).
If you would like the mobile phone number on the reverse of the form to be included in the group, please indicate [ }

**Photographs:**

Photographs of the children participating in Triathlon events may be used on the club website, for publicity purposes.

No personal details will ever be published (name, address, phone number etc. ) Only suitable images of children will ever be used (dress, posture, venue etc.).

Please sign below if you consent to images of your child being used on the club website:

Name of parent/carer …………………………………………………………… Relationship to child…………………………….

Signature……………………………………………………………… Date ……………………………

**Terminating membership:**

If you wish to terminate membership, please advise the club secretary via the email address: peteswaine@hotmail.com

It will not be possible to refund any paid fees, so it is only be possible to terminate membership at the end of a month.

**General declaration:**

I hereby acknowledge that Triathlon can be dangerous and physically demanding sports and that all members participate at their own risk. Neither the club nor the committee will be held responsible for accidents that occur whilst members are participate in activities. The club recommends that members should consult their doctor before participating in club training sessions or competitions. Any relevant medical condition must be advised on the reverse - and the main coach must also be informed at the start of each coaching session.

Name of Member………………………………………………………………….

Member Signature (if over 12 years old)……………………………………. Date………………………….

Name of parent/carer …………………………………………………………… Relationship to member…………………………….

Signature……………………………………………………………… Date ……………………………

Official Use Only

Membership No.

 ………………………………………

Date Received………………………..