



ROYAL SUTTON COLDFIELD ATHLETICS CLUB

MEMBERSHIP APPLICATION

I..... desire to submit myself for election to the Royal Sutton Coldfield Athletics Club as a First * / Second * claim Member and I hereby declare: * Please delete that which does not apply

- That I am an amateur according to the definition of the A.A.A. as follows "an amateur is one who has never for a money prize or monetary consideration in any athletic sport or game or been any way interested in a staked bet or wager made in connection with any athletic competition on which he was an entrant or competitor: who has never engaged in, assisted in, or taught any athletic ability for profit, and who has never taken part in any athletic competition with anyone who is not an amateur".
- that I agree to abide by the regulations governing the club that may be enforced from this date.
- that I have not been a first claim member of any other athletic club during the past 9 months

that I am a first claim member of..... that I was a first claim member of..... until.....
(name of club) (name of club) (Date of resignation)

Cheque should be made payable to RSCAC

NAME :

ADDRESS :

POST CODE :

COUNTY OF BIRTH :

NOT WEST MIDLANDS

PROPOSED BY :

DATE OF ELECTION :

WHAT ARE YOUR MAIN INTERESTS ? PLEASE TICK BOXES

SPRINT HURDLES	ENDURANCE	THROWS	JUMPS	MULTIEVENTS	DISABILITY
RACE WALKING	FELL RUNNING	CLUB OFFICIAL	TECHNICAL OFFICER	COACH	OTHER CLUB

The Data Protection Act

The Data Protection Act requires that anyone keeping personal information about others on a computer should register with the Data Protection Registrar. However, there are some exemptions for "unincorporated members clubs". Personal data held by an unincorporated members club and relating only to members of the club are exempt from the whole act so long as two conditions are observed;

- All members of the club must be asked whether they object to them being held by the club
- Personal data may only be disclosed in very limited circumstances
- I agree / do not agree* to the Royal Sutton Coldfield Athletic Club holding my membership record on computer. This agreement is given on the understanding that disclosure will only be made in the following circumstances
- The publication of a list of members of the club
- Disclosure to computer maintenance organisations when this is necessary in order to repair the equipment or computer program
- The preparation of labels, letters and membership renewals for use of the club in communicating to members
- Details as requested for compliance with Midland Counties Registration
- Other disclosures for the purpose of the club which its governing body decides are necessary

SIGNED :

DATE :

IMPORTANT PLEASE READ AND COMPLETE THE FORM OVERLEAF

RSCAC Health Form

Surname

Date of Birth

Forename

Date of Last Tetanus Injection

Emergency Contact

National Health Service Number

Parent/Guardians Address

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.....

.....

Telephone

Parent/Guardians Address

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Telephone

I hereby give permission for my child to attend any RSCAC coaching sessions. If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and to authorise the coach, Assistant Coach (or in their absence one of the registered coaches within the Club), to sign any document required by the hospital authorities.

I will inform the Coach if any of the information given on this form changes before the event takes place.

Name of Parent/Guardian

Relationship to young Person

Signature

Date

In the space below please give details of the following:-

1. Any known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Nuts, Food Colouring, Travel Sickness, Asthma etc). If nut allergy please state severity (ie reaction if in contact with another person eating nut/nut products).
2. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines).
3. If your son/daughter suffers from an allergy or condition (ie Epilepsy, Diabetes, Nut Allergy), please send 3 passport photographs, as these will be attached to medical forms and can be used to verify the child to the treatment required.

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Please continue on a separate sheet if required (Remember to include your child(s) name on any separate sheets and attach them securely to this form).