



MANX HARRIERS MEMBERSHIP FORM 2016/2017

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS
AND RETURN WITH YOUR SUBSCRIPTION TO JENNY DOWLING



Welcome to Manx Harriers. We are an athletics club open to athletes of any ability
To ensure we have the correct contact details for you, please fill out this form and return to Jenny Dowling

2 Ballabridson Park Ballasalla Isle of Man IM9 2ES

SECTION A: ATHLETE DETAILS

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number (If over 16 years of age)	
Date of Birth DD/MM/YYYY		Email Address (If over 16 years of age)	
School/College		School Year	
Is Manx Harriers your First Claim Club ?		(If not, please name your First Claim Club)	

SECTION B: PARENT/GUARDIAN DETAILS

If you are under 16 years of age, please ask your parent/guardian to complete the following section.

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number	
Email Address			

SECTION C: MEMBERSHIP FEES AGE AS AT 31ST AUGUST 2016

	Club Fees	EA Affiliation	Total
Under 7s, Under 9s, Under 11s	10	0	10
Under 13 and Under 15	19	13	32
U17 & Up in Full Time Education	24	13	37
Seniors Under 17 and Up	35	13	48
Social	17	0	17
Families	58	13***	58 + ***

*** + £13 affiliation for each athlete School year 6 and above on 31st August 2016

SECTION D: PARENT/GUARDIAN HELP

The Club is run entirely by volunteers and we rely on Members and their families to help out at Club Events for a few hours each year. Please tick areas with which you would be interested in helping. The relevant club representative will then contact you to see at which events you would be able to help. If there is a specific area of expertise that you feel you can bring to the club, please indicate below.

Helping at athletic meetings		Assisting Training	
Refreshment area		Track judge	
Fund raising		Field judge	
Timekeeper		Committee post	
Starter/Marksman		Admin/Helper	
Other (please specify)		Supervision of athletes	

SECTION E: MEDICAL INFORMATION

Please detail below any important medical information of which our coaches/junior coordinator should be aware.
(e.g. epilepsy, asthma, diabetes, allergies etc.) Please do not leave blank – if there is no information please write 'None'

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PLEASE CONTINUE THE FORM OVER THE PAGE

SECTION F: DISCIPLINES IN WHICH YOU EXPECT TO PARTICIPATE (PLEASE CIRCLE)

Cross Country	Yes/No	Race Walking	Yes/No
Fell and Hill	Yes/No	Road Running	Yes/No
Track and Field	Yes/No		

SECTION G: COACHING QUALIFICATIONS**OFFICIAL QUALIFICATIONS**

Level		Level	
Event(s)		Description	

SECTION H: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in the event of an incident/accident.

Emergency Contact One Name and No	
Emergency Contact Two Name and No	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel

Signature	
Print Name	

SECTION I: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting a Manx Harriers Athlete.

Signature	
Print Name	

SECTION J: ATHLETICS AND COMMUNITY SPORTS DEVELOPMENT OFFICER

It is important for us to know how you found out about Manx Harriers and decided to join us. Please tick appropriate box

Club Website		Primary School Sportshall	
Manx Youth Games (which region)		Athletics Festival	
Secondary School Endurance Relay		Great School Run	
MSR Holiday/Team Scheme Step into Sport		Athletic Development Officer	
Press/other Media		Local Race Event (which one)	
Are you a new member this year (Y/N)		Other (please state)	
Coach (which coach)			

SECTION K: PARENTAL/GUARDIAN AGREEMENT (PLEASE IGNORE IF ATHLETE IS OVER 17 YEARS OF AGE)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition
3. To helping out at 1 Manx Harriers club event per year.

Signature	
Print Name	

SECTION L: TO PARENTS OF UNDER 7, UNDER 9 AND UNDER 11 ATHLETES (Registering for the First Time)

To enable me to register your child with England Athletics I have to confirm with a Parent or Guardian that your child is in good health and you consider he/she is capable of competing in athletics. Please affirm. Thank you

Signature	Date
Name (Please Print)	E-mail Address

We look forward to welcoming you and your family to the Club in the near future. To find out about all the latest club information, please visit our website www.manxharriers.com and follow us on Facebook