## Membership Form 2017/18



Please complete ALL details in BLOCK CAPITALS and return with your subscription (see 'Section E') to: Jenny Dowling, Manx Harriers Membership Secretary, 2 Ballabridson Park, Ballasalla, Isle of Man, IM9 2ES.

tion A. Me	ember	Section A. Member Details & Declaration					
First name		Surname					
Address							
		Post Code					
Геlephone		Mobile					
Email							
School/College/University (if still in full time education)							
Date of birth	h (dd/m	nm/yyyy) / / School Year					
Is Manx Harriers your First Claim Club? Yes If not, who is?							
Please indicate ALL the disciplines in which you expect to participate:							
Track and Field Race Walking Road Running Cross Country Fell and Hill							
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							
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							
Castian P	Emora	oney Contact Details					
ection b.	Emerg	ency contact betains					
Please provide details of the persons who should be contacted in the event of an incident/accident.							
Name / No.							
Name / 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					
	Address Telephone Email School/Colle Cate of birti s Manx Har Please indic Track Please deta aware. (e.g. please write Signature Section B. Please prov Name / No. It may be estauthority to sign below to sign belo	Address Telephone Email School/College/Un Date of birth (dd/n s Manx Harriers you Please indicate ALL Track and Fig Please detail below aware. (e.g. epileps blease write 'None Delease write 'None Signature Delease provide detail Name / No. The may be essential authority to obtain sign below to give strained personnel.					

Section C. Coacl	hing Qualifications Officials Qualification	ons					
Level	Level						
Event(s)	Description						
Section D. Parent/Guardian Details & Declaration (required for all members under 16 years of age)							
First name	Surname						
Address							
		Post Code					
Telephone	Mobile						
Email							
Club representative area of expertise the Helping at ath Refreshment a Track judge Starter/Marks	Field judge	able to help. If there is a specific					
Under 9 or Under them capable of 2. That I have read or competition.  3. To helping out at	t least one Manx Harriers event per year.	n good health and I consider					
Signature	Print Name						

## Section E. Membership Fees (Ages as at 31st August 2017)

Category	Club Fees	EA Affiliation	Total			
Under 7s, Under 9s and Under 11s	£10	-	£10			
Under 13s and Under 15s	£19	£14	£33			
Under 17s and Up in Full Time Education	£24	£14	£38			
Seniors Under 17 and Up	£35	£14	£49			
Families	£58	£14 *	£58 plus *			
Social	£17	-	£17			
*Please add £14 EA Affiliation for each athlete school year 6 and above on 31st August 2017						

Payment can now be made by bank transfer to The Manx Harriers:

**Sort Code:** 55 – 91 - 00 **Account Number:** 14356414 **Reference:** "Subs < *Members Name*>"