

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.

When you become a member of or renew your membership with Manx Harriers you will automatically be registered as a member of England Athletics. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called myAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact **dataprotection@englandathletics.org**.

| Section A. | Mem | ber D | Detai | ls & | Dec | arat | ion |
|------------|-----|-------|-------|------|-----|------|-----|
| | | | Cum | | | | |

| First name | Surname | | | | | |
|--|---|--|--|--|--|--|
| Address | | | | | | |
| | Post Code | | | | | |
| Telephone | Mobile | | | | | |
| Email | | | | | | |
| School/College/Unive | School/College/University (if still in full time education) | | | | | |
| Date of birth (dd/mm | Date of birth (dd/mm/yyyy) / / School Year | | | | | |
| Is Manx Harriers you | r First Claim Club? Yes If not, who is? | | | | | |
| Please indicate ALL th | Please indicate ALL the disciplines in which you expect to participate: | | | | | |
| Track and Field | 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 please write 'None'. | | | | | | |
| | | | | | | |
| | | | | | | |
| | pleted form, I am willing to abide by the Club Code of Conduct for Athletes and agree to always r befitting a Manx Harriers Athlete. | | | | | |
| Signature | | | | | | |
| | | | | | | |
| Section B. Emergency Contact Details | | | | | | |
| Please provide detail | s 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

| Section C. | Officials Qualifications | |
|------------|--------------------------|-------------|
| 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 | |

Manx Harriers 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 Manx Harriers, please indicate below.

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

By returning this completed form, I agree:

- To the Member named in 'Section A' taking part in the activities of Manx Harriers. For Members Under 7, Under 9 or Under 11, registering for the first time, I confirm that they are in good health and I consider them capable of competing in athletics.
- 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 least one Manx Harriers event per year.

Signature

Print Name

Section E. Membership Fees (Ages as at 31st August 2023)

| Category | Club Fees | EA Affiliation | Total | | |
|---|-----------|-----------------------|------------|--|--|
| Under 7s, Under 9s and Under 11s | £13 | - | £13 | | |
| Under 13s and Under 15s | £23 | £17 | £40 | | |
| Under 17s and Up in Full Time Education | £28 | £17 | £45 | | |
| Seniors Under 17 and Up | £39 | £17 | £56 | | |
| Family | £63 | £17 * | £63 plus * | | |
| Non-Resident | £19 | £17 | £36 | | |
| Social | £19 | - | £19 | | |
| *Please add £17 EA Affiliation for each athlete school year 6 and above on 31st August 2023 | | | | | |

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

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

We look forward to welcoming you and your family to Manx Harriers.

To find out about all the latest Club information, please visit www.manxharriers.com and follow us on Facebook