**Family Membership Form April 2022 – March 2023)**

*(Applicable to family members living in the same household as main residence)*

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| **Section 1 -** Governing Body Fees (*England Athletics, Northern Athletics)* ***Complete for each family member*** *- please indicated number of family members here* |
| New Member\* *(includes Club Vest)* | Date started training - | £38  |  |  |
| Membership Renewals  | £18 |  |  |
| Subtotal |  |
| **Section 2 – Family** Contribution to Club Costs *(facility hire, clubhouse costs, volunteer training, admin etc)* | £300 |

|  |  |
| --- | --- |
| **Total Membership Fees (Section 1 Subtotal + Section 2)\*\*** |  |

\*Pro rata contributions available for new members joining after June, \*\* In special circumstances staged payments may be available on request email membership@derbyathleticclub.co.uk

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| --- |
| **Family Details** |
| Address |  |
| Email |  |
| Phone number |  |

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| **Personal Details** – 1st family member |
| Surname |  | Forename |  |
| D.O.B |  | Sex |  | URN |  |
| Own Email  |  |
| Training Group / Coach\*\*\* / Self |  |
| Discipline(s) |  |
|  |
| **Personal Details** – 2nd family member |
| Surname |  | Forename |  |
| D.O.B |  | Sex |  | URN |  |
| Own Email  |  |
| Training Group / Coach\*\*\* / Self |  |
| Discipline(s) |  |
| ***Please complete both pages*** |
| **Personal Details** – 3rd family member |
| Surname |  | Forename |  |
| D.O.B |  | Sex |  | URN |  |
| Own Email  |  |
| Training Group / Coach\*\*\* / Self |  |
| Discipline(s) |  |

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| **Personal Details** – 4th family member |
| Surname |  | Forename |  |
| D.O.B |  | Sex |  | URN |  |
| Own Email  |  |
| Training Group / Coach\*\*\* / Self |  |
| Discipline(s) |  |
|  |
| **Personal Details** – 5th family member |
| Surname |  | Forename |  |
| D.O.B |  | Sex |  | URN |  |
| Own Email  |  |
| Training Group / Coach\*\*\* / Self |  |
| Discipline(s) |  |
|  |
| **Personal Details** – 6th family member |
| Surname |  | Forename |  |
| D.O.B |  | Sex |  | URN |  |
| Own Email  |  |
| Training Group / Coach\*\*\* / Self |  |
| Discipline(s) |  |

\*\*\*Please let your coach know of any medical conditions which could affect any of your family members’ training

**Emergency Contacts (If U18 please provide at least one Parent/Carer contact)**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forename |  |
| Email |  | Phone |  |
| Surname |  | Forename |  |
| Email |  | Phone |  |

Please sign below to acknowledge that you agree to the club use of photo and video media, agree to the storage and sharing of necessary personal data and accept the expected codes of conduct for members. *Full details are available at derbyathletic.club/committee*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_