



SHETTLESTON HARRIERS

ESTABLISHED 1904

NIL SINE LABORE

<http://shettlestonharriers.org.uk>

MEMBERSHIP APPLICATION FORM

FULL NAME:-.....

ADDRESS:-.....

.....

POSTCODE: -.....

E-MAIL ADDRESS.....

(Please note the email address must be someone over the age of 16 years of age)

TELEPHONE:-.....

DATE OF BIRTH:-.....

ARE YOU , OR HAVE YOU, BEEN A MEMBER OF AN ATHLETIC CLUB :-

If so , please state the club and dates:-

Scottish Athletics Reg. No.(If any).....

KEEPING MEMBERS INFORMED

Where you are happy for us to do so, we would like to contact you by email/phone/paper with information about athletics, our latest news and upcoming events / competitions / courses.

If you would like to receive email/phone/paper communications from us, please select from the following options below:

Information about athletics YES NO (circle as appropriate)

Latest news from Shettleston Harriers YES NO (circle as appropriate)

Information about events and competitions YES NO (circle as appropriate)

Once you submit your preferences to us, we will send you an email to confirm these. Please note that we will not email you with any information until you have confirmed your preferences by responding to our email. You may change your preferences at any time or request that we stop sending you email communications by contacting us at secretary@shettlestonharriers.org.uk . If you wish to 'unsubscribe' please email unsubscribe@shettlestonharriers.org.uk

HEALTH INFORMATION, CONSENT, DECLARATION

Name of alternative emergency contact, if you are unavailable:

Telephone No:
Day:
Evening:

Name of GP:

National Health No.

GPs Tel No.

Date of last Tetanus:

Details of any illness or disability about which coaches should be aware.(Please notify us of any updates including changes in medicines as soon as possible)

Details of any medication required(all medication brought to training should be labelled correctly and clearly with name and dose required }

Can your child take their own medicines?

Yes

No (please tick)

Details of any allergies or special dietary needs.

Parental Consent:(to be completed if under 16 years)

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic.

Yes

No (please tick)

Adult Consent:(to be completed if 16 years or over)

In an emergency and/or if I cannot be contacted, I am willing to receive necessary hospital or dental treatment, including anaesthetic.

Yes

No (please tick)

DECLARATION

I hereby declare that I will abide by the rules of Scottish Athletics Limited, and I also agree to abide by the constitution, bye laws and code of conduct of Shettleston Harriers. BY SIGNING THIS FORM YOU ARE AGREEING TO THE ABOVE STATEMENT AND THAT YOU HAVE READ SHETTLESTON HARRIERS PRIVACY NOTICE.

SIGNATURE (Parent or guardian if under 16).....

DATE

If you do not provide us with all the personal information that we need to collect, then this may affect our ability to offer you our full membership services and benefits.