
	<p align="center"><b>CORBY ATHLETIC CLUB</b></p> <p>Affiliated to: UK Athletics, England Athletics, Midland Counties AA, Northamptonshire AA.</p> <p>Headquarters: Rockingham Triangle Stadium, Corby.</p> <p>Colours: Sky blue vest with two red bands.</p>	
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**APPLICATION FOR NEW MEMBERSHIP**

To apply for membership please return this **form** along with **2 passport photographs and payment\*** to the membership secretary, gate attendant or the refreshment counter when you next attend the Club. The application will then be processed and a membership pack sent to you.

\*Payment can be paid by cash or cheque made payable to "Corby Athletic Club".

**1. PERSONAL DETAILS**

Forename		Home Phone No.	
Surname		Mobile Phone No.	
Address		Date of Birth	
Postcode		Place of Birth (Town)	
Email Address			

**ETHNICITY** (Tick the appropriate box)

<b>White</b>	<b>Mixed</b>	<b>Asian</b>	<b>Black</b>	<b>Other</b>
British <input type="checkbox"/>	White/Black Caribbean <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White/Black African <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/>
Other <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Other <input type="checkbox"/>	
	Other <input type="checkbox"/>	Other <input type="checkbox"/>		

**DISABILITY** (Tick the appropriate box)

None <input type="checkbox"/>	Hearing Impaired <input type="checkbox"/>	Visually Impaired <input type="checkbox"/>	Learning Disability <input type="checkbox"/>
	Physical Disability <input type="checkbox"/>	Multiple Disability <input type="checkbox"/>	Other <input type="checkbox"/>

**2. MEMBERSHIP** New applicants will have to pay the Initial year fee shown below. Subsequent year's annual membership fee must be paid before the 1<sup>st</sup> April each year.

	<b>Initial Year</b> (circle appropriate amount below)	<b>Subsequent Year</b>
(1) Competitive member – under 11 years.	£30	£15
(2) Competitive member – under 17 years.	£35	£20
(3) Competitive member – senior.	£40	£25
(4) Training member. (2 <sup>nd</sup> claim, regular user)	£50	£50
(5) Associate member. (2 <sup>nd</sup> claim non-training, parent, supporter)	£5	£5

All competitive members will be registered with the English Athletics Affiliation scheme, which entitles them to compete in the appropriate athletic events. When first joining they will receive a vest voucher, which can be exchanged at the refreshment counter for a club vest. This vest will have to be worn in all league and championship competitions.

**3. CLUB HISTORY** Complete details below If you are or have been a member of another athletic club.

Club Name		EA Registration No.	
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**4. CLUB COACH** If known please give the name of the coach / training group you have joined.

Coach / Group	
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**5. MEDICAL DETAILS** Have you ever been or are currently being treated for any medical condition?  
e.g. Allergies, Asthma, Diabetes, Heart Condition, Anaemia, Blood Disorder, Epilepsy, High / Low Blood Pressure.  
If so please give details below and any medication being taken.

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**6. EMERGENCY CONTACT DETAILS** Complete details of who to contact in the case of an emergency below.

(1) Name		Relationship to applicant	
Home Telephone No.		Mobile Telephone No.	
(2) Name		Relationship to applicant	
Home Telephone No.		Mobile Telephone No.	

**7. DECLARATION** All applicants must agree to the following and sign this form.

I agree: (1) The above details are correct and understand these details will be entered into the Corby Athletic Club membership database. (2) That my details can be passed to the England Athletics so that I can be enrolled into the national affiliation scheme. (3) To conform to the rules, policies and codes of conduct of the Club, these are displayed on the Club noticeboard and website. (4) That participation in athletics is entirely at my own risk. (5) That in the event of an emergency and where the emergency contact is unobtainable, that a representative of Corby Athletic Club will act as guardian to me and may give consent to such medical treatment that, in the opinion of a qualified medical practitioner, may be necessary. (6) That while I'm a member of Corby Athletic Club that if any of the above details change, I will inform the membership secretary and that any failure to do so will absolve the Club from any formal responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**8. CHILD PROTECTION** All applicants under 18 years must have this form signed by their parent or guardian.

I agree the above details are correct and to the signed declaration above.  
I consent that the applicant can join Corby Athletic Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**INSURANCE**

As a paid up member of an affiliated club you are automatically provided with UKA insurance cover, which applies while you are involved in "athletics activities". This not only relates to training and competing, but also to social and fund raising activities organised by the club. An information pamphlet is contained in the membership pack you will receive.

**EQUITY**

Corby Athletic Club is committed to the principle of equality for all individuals involved with the club and the sport of athletics. The club aims to ensure that all people, irrespective of age, gender, disability, race, ethnic origin, creed, colour, sexual orientation, ability or social background, have a genuine and equal opportunity to participate in athletics at all levels and in all roles. This is as a participant, coach, administrator or official. It is the aim of the club to ensure that all present and potential members receive fair and equal treatment. If an individual feels they cannot afford the full membership fee an application for subsidised membership can be made to the Membership Secretary.