



# MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN  
BLOCK CAPITALS & RETURN WITH YOUR  
SUBSCRIPTION TO: KENDAL AAC  
6 LARCH GROVE, KENDAL, LA9 6AU  
OR KENDALAAC@GMAIL.COM



Welcome to Kendal AAC. We are an athletic club open to athletes of any ability from nine years of age.

## SECTION A: ATHLETE DETAILS

First Name				Surname				M/F	
Address									
				Postcode					
Telephone				Mobile Number					
				Parent's signature if U16					
Date of Birth (DD/MM/YY)				Email Address					
				Parent's signature if U16					
Address of School/ College									
							Postcode		
Are you a member of any other sports club? (If yes, please state which club and which sport)									
EA Number (if known)									
County of Birth				Preferred Events					

## SECTION B: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the following section.

First Name				Surname			
Address							
				Postcode			
Telephone				Mobile Number			
Email Address							

## SECTION C: PARENT/CARER HELP (JUNIOR ATHLETES ONLY)

As part of Kendal AAC membership we ask that all parents /carers help out where possible at club events for a few hours each year. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you would be able to help at. If there is a specific area of expertise that you feel you can bring to the club, please also indicate below.

Helping at athletic meetings		Assisting Training	
Refreshment area		Team management	
Fund raising		Supervision of athletes	
Facility/Equipment maintenance		Committee post (contact Hazel Belshaw, kendalaac@gmail.com for more information)	
Website management			
Promotion and marketing		Helping Officials	
Other (please specify)			

**SECTION D: Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) and details of any regular medication. Please do not leave blank – if there is no information please write 'None'.**

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## SECTION E: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One Name			
Emergency One Contact number:			
Emergency Contact Two Name			
Emergency Contact Two number:			

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 representative 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		Date	

## SECTION F: ATHLETE AGREEMENT

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 Kendal AAC Athlete, when attending club events. You will also agree to abide by the England Athletics Code of Conduct. All codes of conducts can be found and downloaded from [here](#). There are separate codes for young athletes, senior athletes and parents and carers.

Signature			
Print Name		Date	

## SECTION G: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
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, at least one club event per year.

Signature			
Print Name		Date	

First Claim Competing Member	Non-Competing, Second Claim, U11 Competing Member
<b>£40*</b> (excludes under 11s)	<b>£15</b>

**Please send the relevant forms and payment where applicable to:** Kendal AAC, 6 Larch Grove, Kendal LA9 6AU

- Cheques should be made payable to "Kendal Amateur Athletic Club"
- BACS transfer to Kendal AAC's bank account. Please use your Initial, surname and the word 'subs' as reference.

Kendal AAC Recipient Bank – Lloyds TSB Bank plc, PO Box 1000 BX1 1LT  
Sort code: 30-14-40 Account: 00106736

**It would be helpful if you could e-mail Hazel on [kendalaac@gmail.com](mailto:kendalaac@gmail.com) so your payment record can be updated promptly.**

Subscriptions are due for renewal on 1<sup>st</sup> April each year.

\*Rates include the £20 England Athletics Competition Licence. We will provide England Athletics with minimum personal data to allow your registration. You can access and amend this via their MyAthletics portal. Email any questions about the privacy of your data to [dataprotection@englandathletics.org](mailto:dataprotection@englandathletics.org)

