



Welsh Athletics Membership Number

_08 /6/15/_____/_____/_____

CWMBRAN HARRIERS membership application

I hereby make application for membership to CWMBRAN HARRIERS from the date shown below, and enclose a fee of £_____ in payment of initial subscription which is renewable annually on 1st March, according to the amount shown. It is understood that I shall remain a member of CWMBRAN HARRIERS until such time as the Club Committee, according to UK Athletics first claims definition, accepts my written resignation. (A more detailed definition of membership is available upon request)

Title: Mr/Mrs/Miss/Ms/Other – Given name _____ Surname _____

Address: _____

Post Code: _____ Date of Birth: ____/____/____ Age Group _____

I confirm that all the information given is accurate and correct, and that I give Welsh Athletics / UK:A permission to carry out police checks if required

Place of Birth: _____ Email: _____

Tel No: _____ Mobile No: _____

Signature: _____ Date: _____

Membership Sec. _____	Club entry date ____/____/____ Acceptance date ____/____/____
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Age Group	CH	WA	Total
M/F U11	£ 20	£ 5	£ 25
M/F U13	£ 30	£ 5	£ 35
M/F U15	£ 30	£ 5	£ 35
M/F U17	£ 30	£ 5	£ 35
M/F 17+	£ 40	£ 5	£ 45
Family	£ 70	£ #	£ 70#
F/T Student	£ 30	£ 5	£ 35
Social Member	£ 10	£ free	£ 10

Please indicate ✓ if you suffer any of the following:

- Asthma
- Allergies
- Diabetes
- Other (please specify below)

please continue overleaf if required

Total Payable £ _____

indicates that you should pay the Family membership, and then add on the appropriate individual Welsh Athletics fee per person

DATA PROTECTION (Please circle preference)

I consent for the above named person to compete in competitions **Yes / No**

I agree for Club Officials / Team Managers to act "In Loco Parenthesis" during official club competitions **Yes / No**

I consent for the above named person to be videoed/photographed for official training purposes **Yes / No**

I consent to my performances being publicised as necessary, and such material published on the Internet **Yes / No**

The information you provide will be held on a database, and may be shared with Club/WA/UK:A sponsors. Do you wish them to receive and use your information? **Yes / No**

Do you wish to receive athletics information via email? **Yes / No**

Signature: _____

(Parent Guardian/Carer if athlete is under 18 years of age)