

## STROUD & DISTRICT ATHLETIC CLUB - Family Membership Application Form 2018/19

Family Membership is for 1 to 2 Adults plus 2 Children in the U11 to Junior age categories living at the same address. Your second child is free. Additional children must be registered using the Individual Membership form and pay the full individual fee.

Age Category	Born between		England Athletics Licence Required*	
U11	01/09/2007	or after	No	Not required
Junior	01/09/2000	31/08/2007	Yes	<b>Mandatory</b> per Junior member
Adult	01/04/1953	31/08/2000	Optional	Add per adult member if required

\*With an England Athletics (EA) licence you can compete for the club in UKA licensed events. Must be renewed annually.

### A. FAMILY DETAILS – 1st APRIL 2018 to 31st MARCH 2019

Stroud & District Athletics Club is a family friendly club which caters to all ages. Before registering your child as part of the family application please ensure you have confirmed a place within the U11 or Junior section of the club. Contact the Membership Secretary at [membership@stroudathleticclub.co.uk](mailto:membership@stroudathleticclub.co.uk) for any enquiries.

Post Code \_\_\_\_\_ Address \_\_\_\_\_

Home Tel No. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

#### Adult #1

Full Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Title  Mr  Mrs  Miss  Ms  Dr  Other

Email Address \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

#### Adult #2

Full Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Title  Mr  Mrs  Miss  Ms  Dr  Other

Email Address \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

#### Child #1

Full Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Title  Mr  Mrs  Miss  Ms  Dr  Other

Email Address \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

#### Child #2

Full Name \_\_\_\_\_ Gender  Male  Female

Date of Birth \_\_\_\_\_ Title  Mr  Mrs  Miss  Ms  Dr  Other

Email Address \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

### B. MEMBERSHIP CATEGORIES AND FEES

Full Category	Description	Fee	Quantity	Amount	Tick
Family 1A + 2C	1 Adult plus 2 Children in the U11 to Junior categories	£65	1	£65	<input type="checkbox"/>
Family 2A + 2C	2 Adults plus 2 Children in the U11 to Junior categories	£85	1	£85	<input type="checkbox"/>

#### England Athletics Licence†

Adult #1 Add if required £15 1 £15

Adult #2 Add if required £15 1 £15

**TOTAL TO PAY** £ \_\_\_\_\_

#### Illustrative Cost Calculator

Combination	Family Application	England Athletics Licence†	Total Cost
1 Adult (exc. EA) + 2 Children (inc. EA)	£65	0 Adult;2 Junior (inc.)	£65
1 Adult (inc. EA) + 2 Children (inc. EA)	£65	1 Adult;2 Junior (inc.)	£80
2 Adults (exc. EA) + 2 Children (inc. EA)	£85	0 Adult;2 Junior (inc.)	£85
2 Adults (inc. EA) + 2 Children (inc. EA)	£85	2 Adult;2 Junior (inc.)	£115

†Included in family fee for Juniors;not required for U11. Each Adult requiring an EA licence must add the cost to the family fee.

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<b>C. PAYMENT OPTIONS</b>	Please tick payment method:    (1) Cheque <input type="checkbox"/> (2) BACS <input type="checkbox"/>
(1) If paying by cheque, send together with completed form to: Membership Secretary, 11 Bownham Mead, Rodborough Common, Stroud, Glos. GL5 5DZ	
(2) If paying by bank transfer use the following information for a BACS payment: Account Name: SADAC, Account No: <b>90840882</b> , Sort Code: <b>20-33-83</b> , Reference: SUBS/(surname+last three digits of postcode) – e.g. SUBS/walford8QA and email form to <b>membership@stroudathleticclub.co.uk</b> or post to address given in (1) above	

<b>D. GROUPS &amp; QUALIFICATIONS</b>	
<b>Adult #1</b>	I am a <input type="checkbox"/> Group Member <input type="checkbox"/> Group Leader <input type="checkbox"/> Coach
Please provide the name of your group leader or athletics coach:	
If you are EA qualified including Group Leaders and Coaches, please enter your qualifications and DBS date below: <b>DBS Expiry Date:</b>	
<b>Adult #2</b>	I am a <input type="checkbox"/> Group Member <input type="checkbox"/> Group Leader <input type="checkbox"/> Coach
Please provide the name of your group leader or athletics coach:	
If you are EA qualified including Group Leaders and Coaches, please enter your qualifications and DBS date below: <b>DBS Expiry Date:</b>	
<b>Child #1</b>	Please provide the name of your group leader or athletics coach:
<b>Child #2</b>	Please provide the name of your group leader or athletics coach:

<b>E. DECLARATION – It is your responsibility to keep the club up to date regarding any medical conditions</b>	
Do any of you have any medical conditions such as heart disease, epilepsy or diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of you have any allergies that you are aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*When you become a member of or renew your membership with Stroud & District A.C. you will automatically be registered as a member of England Athletics. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called myAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact [dataprotection@englandathletics.org](mailto:dataprotection@englandathletics.org)*

I declare that I am an “amateur” as defined by the AMATEUR ATHLETIC ASSOCIATION or WOMEN’S AMATEUR ATHLETIC ASSOCIATION (as appropriate) and agree to abide by the rules governing the STROUD & DISTRICT ATHLETIC CLUB as they come into force. I agree to any/all the information supplied in this form being kept on a computer database for the sole purpose of club organisation and administration. I agree to support the club’s activities in training and competition and am medically fit to do so. I agree to volunteer when called upon.

I have read and will abide by the SADAC Codes of Conduct (available on website). SADAC is committed to equal opportunities.

Signature.....(Adult#1)	Signed on behalf of all family members listed herein.
Date:	

*You will receive an email confirmation once your application has been processed. Membership cards are available upon request, please include a S.A.E. if you require one. Wishing you every sporting success this year!*