




## Membership Application Form






### Applicant Details


 Forename (s) :   
 Surname :   
 Gender :   
 Date of Birth :   
 Address 1 :   
 Address 2 :   
 Town :   
 County :   
 Post Code :


### Membership Required


- Associate Club Member  
(Committee/Coach – non-participant)  
 Full Club Member  
 Family Membership (2 Adults Plus Children)

*\*Please submit a membership form for each family member*


 Home Phone :   
 Mobile Phone :   
 email :


 Are there any medical conditions, medication, special needs or disabilities of which the club should be aware? *e.g. epilepsy, diabetes, asthma, allergies, ADHD etc...* (If none please write NONE)

 Is the applicant a member of any another sports club(s)?

 Name of School or College (if applicable)

### Emergency Contacts

**Primary Contact**  
 Forename :  Surname :   
 Phone :  Relationship :

**Alternative Contact**  
 Forename :  Surname :   
 Phone :  Relationship :

### Consent (Participation / Photography / Personal Information / Media)

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I consent to images of the applicant being displayed on club noticeboards, website (which may include Wrekin College Triathlon Club Facebook page) or used for publicity purposes to promote the club and its activities.
<input type="checkbox"/>	<input type="checkbox"/>	I understand and agree that the applicant named above, participates in coaching sessions under the instruction of British Triathlon coaches entirely at their own risk. I am satisfied that they are sufficiently responsible and competent to assume full and entire responsibility for their own safety under the supervision of a British Triathlon coach. Parents / Guardians are expected to adequately communicate to children the importance of remaining safe and following instructions at all times to avoid risk or injury to self or others.
<input type="checkbox"/>	<input type="checkbox"/>	The information entered on this form and other data collected during your period of membership will be used by the officers of the club for the purpose of processing your application and dealing with you as a member. We may also share the information with the BTF/ASA/AAA and event organisers for registration entry and statistical purposes but we will never disclose it to any third party for marketing or commercial purposes without your express permission.

Date

Signed (Applicant)

Signed by Parent or Guardian if under 16

*Electronic (email) submission will be accepted as a signature from a verified email address*