



MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK
CAPITALS & RETURN WITH YOUR
SUBSCRIPTION TO:
membership@eastdownac.co.uk

SECTION A: ATHLETE DETAILS

First Name				Surname	
Address					
				Postcode	
Telephone				Mobile Number (Seniors only)	
Date of Birth (DD/MM/YY)				Email Address (Seniors only)	See note at Section G
County of Birth				Preferred Events	

SECTION B: PARENT/CARER DETAILS

If you are under 18 years of age, please ask your parent/carer to complete the following section.

First Name				Surname	
Address					
				Postcode	
Telephone				Mobile Number	
Email Address	See note at Section G				

SECTION C: ADDITIONAL SUPPORT

Please detail below any disability you have and/or any additional support you may require from our club coaches

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SECTION D: MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) **Please do not leave blank** – if there is no information please write 'None'.

Please note: This consent needs to be provided by the parent for children under the age of 13. Anyone over the age of 13 can provide consent for the use of data under GDPR)

- ☐ I consent to my special category personal data provided in section C and D to be shared with coaches for the purposes of the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose.

SECTION E: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident. I give permission for medical treatment to be administered where considered appropriate by a first aider or medical practitioner

Emergency Contact name & tel. no:	
Emergency Contact two number:	

SECTION F: PHOTOGRAPHY & VIDEO CONSENT (THOSE AGED 18 OR UNDER)

East Down Athletics Club recognises the need to ensure the welfare and safety of all young people in athletics.

We will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

The Club will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately.

I _____ (parent/carer) consent to the photographing or videoing of my child's involvement in athletics for the period shown on this form for the purposes of publicising and promoting the club or sport, or as a coaching aid

Signature	
Print Name	
Date:	

SECTION G: CLUB PRIVACY STATEMENT & COMMUNICATION PREFERENCES

East Down Athletics Club take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.

Please read the full privacy notice at www.eastdownac.co.uk carefully to see how The Club will treat the personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent any unauthorised access.

- ☐ I would like to receive club communications relating to races and events
- ☐ I would like to receive information via email from the Club about specially selected products and services available from commercial sponsors and partners

SECTION H: DATA SHARING WITH ATHLETICS NI

When you become a member of or renew your membership with East Down Athletics Club you will automatically be registered as a member of Athletics NI. We will provide Athletics NI with your personal data.

SECTION I: ATHLETE/PARENT AGREEMENT

By returning this completed form, I confirm that I have read and understood the privacy statement and how data will be used and shared and am willing to abide by the club code of conduct for athletes (code of conduct applies to juniors only).

Signature	
Print Name	
Date	

Fee received (amount)	
Membership type	
Fee & forms accepted by	

