



CLUB AFFILIATION MEMBERSHIP FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS
& RETURN WITH YOUR SUBSCRIPTION FEE TO:
S-FACTOR ACADEMY



Welcome to S-Factor Academy
We are an athletics club open to athletes of any ability from seven years of age
To ensure we have the correct contact details for you, please fill out this form and return to S-Factor Academy

SECTION A: ATHLETE DETAILS

Forename				Surname			
Title	<i>Mr/ Mrs, Miss, Ms, Dr, Other</i>			Gender	<i>Male/ Female</i>		
Address							
				Postcode			
Telephone				Mobile Number	<i>(if over 16 years of age)</i>		
Date of Birth	<i>DD</i>	<i>MM</i>	<i>YEAR</i>	Email Address			
Name of School					Postcode		
Are you a member of any other sports club?	<input type="checkbox"/> <i>yes</i>		<input type="checkbox"/> <i>no</i>		<i>(if yes, please state which club/sport)</i>		
County of Birth				Ethnicity			
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

Forename				Surname			
Address							
				Postcode			
Telephone				Mobile			
Email Address							

SECTION C: PARENT/CARER HELP

One of the conditions of membership of S-Factor Academy is that we ask parents/carers to help out at club events for a few hours each year. Please tick areas that you would be able to help with. The relevant club officer will then contact you to confirm the details you have provided. Please indicate if there is a specific area of expertise that you feel you can bring to the club.

Helping Officials	<input type="checkbox"/>	Assisting with Training	<input type="checkbox"/>	Refreshment Area	<input type="checkbox"/>	*Committee Post	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Team Management	<input type="checkbox"/>	Website Management	<input type="checkbox"/>	Supervision of Athletes	<input type="checkbox"/>
Facility/ Equipment Management	<input type="checkbox"/>	Promotion & Marketing	<input type="checkbox"/>	Helping out at athletics meetings	<input type="checkbox"/>	Other <i>(please specify)</i>	<input type="checkbox"/>

Welcome to S-Factor Academy: Visit us online at www.sfactoracademy.co.uk



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SECTION D: MEDICAL INFORMATION

Please detail below any medical information that our coaches/junior coordinator(s) should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **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 the event of an incident/accident.

Emergency Contact 1: NAME	
NUMBER	
Emergency Contact 2: NAME	
NUMBER	

It may be essential at some point, for authorized persons acting on behalf of the club to have the necessary authority to provide 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	
Relation to Athlete	

SECTION F: ATHLETE AGREEMENT

By returning this completed form, I confirm that I am willing to abide by the Club Code of Conduct for athletes. I agree to always behave in a manner befitting an S-Factor Academy athlete, when attending club events.

Athlete Signature	
Print Name	

SECTION G: PARENT/CARER (FOR ATHLETES UNDER 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 events or competitions.
3. To help out at S-Factor Academy events each year.

Signature	
Name in Full	