

**BLACKPOOL WYRE & FYLDE ATHLETIC CLUB**

**MEMBERSHIP APPLICATION FORM**

**New Member Details :**

First Name: ..... Title: .....

Last Name: ..... Gender: .....

Address: .....

.....Postcode: .....

Tel: ..... Mobile .....

**E-Mail Address. Please print clearly:**

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**Parental Consent for EA to email athletes Under 16 is required: I Agree Signed:.....**

Date of Birth: ..... Town/ Country of Birth: .....

**Emergency Contact Details: Please give emergency contact details below**

Name: ..... Relationship to Applicant: .....

Emergency Contact Phone Number: ..... Alternative Number: .....

**Medical Conditions:**

Do you suffer from any medical condition that BW&F AC should be aware of? Yes: ... No: .....  
i.e. Asthma, Epilepsy, Heart Conditions – Please give details of any medical condition and medication that may be required

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**Ethnic Groups:**

White(UK): ..... Black(UK): ..... Black(Caribbean): ..... Black(African): .....  
Indian: ..... Pakistani: ..... White(European): ..... White(Non-European): .....  
Chinese: ..... Other: .....

**Disability Awareness: Do you consider yourself to have a disability? Yes: .....NO: .....**

If Yes, What is the nature of your disability?

Visually Impaired..... Hearing Impaired.....Physical Disability.....Learning Disability.....

Multiple Disabilities..... Other (Please State).....

**Athletics Participation: Have you competed in athletics before? If so where?**

Primary School: .....Secondary School: ..... Local Council: .....Club: ..... Other: .....

Main Disciplines : Road..... Cross Country..... T&F..... Fell ..... Race Walking..... (Please tick)

**Membership of other Clubs: Have you ever been a member of another athletic club? Yes: ..... No: .....**

If Yes, Please give details including nature of membership and date resigned if applicable.

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# **BLACKPOOL WYRE & FYLDE ATHLETIC CLUB**

## **MEMBERSHIP APPLICATION FORM**

### **Parent or Guardian Details (If Applicable):**

First Name: ..... Title: .....

Last Name: ..... Relationship to Athlete: .....

Address (If Different to above):  
.....  
.....

Postcode: .....

Tel: ..... Mobile: .....

E-Mail Address: .....

### **Volunteer Role:**

Blackpool Wyre & Fylde AC is run entirely on a volunteer basis and all Coaches and Officials give their time freely and willingly. In order that all athletes are given an opportunity to develop and compete, we require your assistance in the running of a successful Club.

By accepting the membership of the Club, you are also accepting a degree of responsibility in the overall welfare of the athlete and the sport. We would ask that you also assist in the running of the Club by volunteering your services if required in one of the categories below. All these roles are necessary for a successful competition, but all can be filled by willing, if inexperienced volunteers.

Timekeeper: ..... Track Judge: ..... Field Judge: ..... Starter: ..... Marksman: ..... Ancillary: .....

Coaching: ..... Committee: ..... Catering: ..... First Aid: ..... Transport: ..... Clerical: .....

You may be called upon to assist in these roles during the season, but of course you can also volunteer to become an active participant in any area listed by contacting a Coach or Committee member directly.

### **Blackpool, Wyre & Fylde Athletic Club**

When you become a member of Blackpool, Wyre and Fylde Athletic Club you automatically become a registered member England Athletics. The Club Constitution can be supplied to you upon request to the Secretary with all the rules pertaining to the Club. All BWFAC Coaches are fully qualified and CRB Accredited and adhere to the UKA code of conduct and ethics for coaching athletics. Blackpool, Wyre & Fylde AC apply no discrimination in respect of age (after the age of 7), gender, race, religion or abilities.

I confirm that I am eligible to compete under U.K. Athletics Rule. I **accept/do not accept** that my personal data will be held on a computer by the club. I **agree/do not agree** to the disclosure of my personal data in a list of members and to the England Athletics (\* Delete as applicable).

Signed: ..... Date: .....

Parent or Guardian: .....  
(If under 18)

Form and Membership Fee to be returned to:

Nick Hume, Membership Secretary, 3 Thornfield Avenue, Thornton Cleveleys, Lancs FY5 5BH

For Current Membership Fees see [www.bwfac.co.uk](http://www.bwfac.co.uk)