

STOCKPORT HARRIERS & ATHLETICS CLUB



APPLICATION FOR JUNIOR MEMBERSHIP

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

*Stockport Harriers & A.C. support the inclusion of all groups in society
irrespective of gender, race or disability*

We are pleased to welcome you to Stockport Harriers & A.C. To ensure that we have the correct contact details for you please insert the information requested below and return this form to the Membership Secretary. If you are under 16 please ask your parents or guardians to sign the form before it is returned. We will also use this information to ensure that you are kept informed of club events.

NAME & ADDRESS

First name(s)		Gender:	Male / Female
Last name:		Date of Birth:	
Address 1:		Membership No.	
Address 2:		(if known)	
Town:			
County:			
Post Code:			

CONTACT

Home phone:		Mobile phone:	
E-mail address:			
School name:		School Year:	

MEMBERSHIP OF OTHER CLUBS

Other clubs of which you are a member?	Status of this application? i.e. first / second claim	Date of resignation from previous club?

DISCIPLINES IN WHICH YOU EXPECT TO PARTICIPATE Please tick all applicable

Cross Country	Track & Field	Other (please specify)

SPORTING INFORMATION

Have you competed in athletics before? Yes No

If yes, where have you competed: (please indicate below).

Primary School	<input type="checkbox"/>	Secondary School	<input type="checkbox"/>
Local Authority coaching session(s)	<input type="checkbox"/>	Club	<input type="checkbox"/>
County	<input type="checkbox"/>	Other – please state:	<input type="checkbox"/>

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? Please give written details below.

Visual impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Multiple disability	<input type="checkbox"/>	Other – please state:	<input type="checkbox"/>

MEDICAL INFORMATION

Please detail any important medical information that our coaches / junior coordinators should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

Emergency contact details – to be completed by parent / carer

Please insert the information below to indicate the person(s) who should be contacted in case of an incident / accident:

Contact name (parent / carer) _____ Contact telephone number: _____

By returning this completed form, I agree to my son / daughter / child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example, timing and transport details. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me and to deal with that injury / illness appropriately.

ETHNICITY

Whilst it is not compulsory that this section is completed, the following paragraph explains why it is important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

In order to help the club monitor its membership, can you please tick one of the following boxes to identify your ethnic group / origin:

Choose one section from A to E and then tick the appropriate box.

A White

British
Any other white background (please specify):

Irish

B Mixed

White & Black Caribbean
White & Asian

White & Black African
Any other mixed background (please specify):

C Asian or Asian British

Indian
Bangladeshi

Pakistani
Any other Asian background (please specify):

D Black or Black British

Caribbean
Any other Black background (please specify):

African

E Chinese or other ethnic group

Chinese

Any other (please specify):

REMITTANCE

Please return form with payment to **The Membership Secretary, J Matuszewski, 27 Ridge Cres, Marple, Stockport, SK6 7JA**

Full annual subscription rates

Minors (7 – 10 years) and Social Membership	£13.00
Juniors (11 – 20 years) and Second Claim	£18.00

Name of Athlete		Amount Enclosed:	£	Age Group	
Signed (Parent/Guardian)		Date			



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

Membership Secretary
Stockport Harriers & Athletics Club
27 Ridge Crescent
Marple
Stockport
Cheshire SK6 7JA

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society
Address
Postcode

Reference Number

S T O

Originator's Identification Number

8 1 6 1 1 4

FOR STOCKPORT HARRIERS & AC OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

PLEASE INDICATE LEVEL OF MEMBERSHIP

SENIOR SOCIAL
JUNIOR LIFE
MINOR PERMANENT
FAMILY LEISURE KEY HOLDER / STUDENT
List family members names

Instruction to your Bank or Building Society

Please pay STOCKPORT HARRIERS & AC Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with STOCKPORT HARRIERS & AC and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the Payer.

DD11

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change STOCKPORT HARRIERS & AC will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by STOCKPORT HARRIERS & AC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.