



Ivanhoe Robins Junior Athletics Club Membership Form

(April 1st 2024 to March 31st 2025)

***Ivanhoe Robins Junior Athletic Club supports the inclusion of all groups in society
irrespective of gender, race, ability and disability.***

Dear Parent/Guardian,

Membership is now due and will be collected via the clubs direct debit scheme. This year's membership fee is now £20. The membership fees and subscriptions cover a variety of expenses including the cost of hiring the hall, field, equipment and courses for coaches to keep their qualifications up to date and valid. The membership Year is from April to April.

Please complete all relevant information below and return this form to our Secretary, Sharon Smith, no later than 31st March 2024 either in person at training or via email ivanhoerobins@hotmail.com

"When you become a member of or renew your membership with Ivanhoe Robins Junior Athletics Club if you are 11 years old or over (or become so during the period) and aren't a 1st claim member with another club you will automatically be registered as a member of England Athletics. Registering with England Athletics is necessary to compete for the club in competition under UKA Rules. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called myAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact dataprotection@englandathletics.org."

PLEASE COMPLETE ALL SECTIONS

PERSONAL DETAILS

Athletes Name _____

Address _____

Post Code _____

Contact Email/s _____

Date of Birth ___/___/_____ Male / Female _____

Name of School _____ / School Year _____

EMERGENCY CONTACT DETAILS – To be completed by parent/ Guardian.

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

Contact Name (e.g Parent/Guardian) _____

Emergency contact numbers _____

MEDICAL INFORMATION

Is there any important medical information that our coaches should be aware of (e.g. Asthma, Epilepsy, Diabetes or allergic reactions). Enter **NONE** if there isn't any

DISABILITY

Do you, or the athlete consider them to have any disability **YES/NO** (*delete as appropriate)

If yes, what is the nature of the disability (e.g visually impaired, hearing impaired, physical disability, learning disability, other)

SPECIAL NEEDS

Do you or the athlete consider them to have any special needs **YES/NO** (*delete as appropriate)

If yes, what is the nature of their special needs

The Ivanhoe Robins expects all parents, guardians or carers to remain at sessions for those under **10** years of age.

For those **over 10**, whose carers are not on site, we will immediately make use of the emergency contact, in the unlikely event of an accident. But must reserve the right to seek whatever medical assistance if needed, by the onsite registered First Aider. If this is unacceptable, then you must remain on site.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without parental consent.

I DO/DO NOT (*delete as appropriate) give permission for any photographs of my child to be used on the club website or advertising and for tablet/video technology to be used for the purposes of improving technique. * (If permission is not given, it is the parents/athletes responsibility not to be put into situations where photographs may be taken)

COMMUNICATION PREFERENCES

Email - All Club information and event details will be sent via email to all members

Whatsapp - Would you like to be added to the Ivanhoe Robins Whatsapp group **YES/NO** (*delete as appropriate)

If yes then please indicate which mobile number/s _____

Facebook – Ivanhoe Robins AC (please request to join on Facebook app)

MEMBERS OF OTHER ATHLETIC CLUBS ONLY TO COMPLETE THIS SECTION.

Ivanhoe Robins recognises its position as a feeder to larger athletic clubs with better athletics facilities. If you are a member of another club, please state which other club you belong to and whether it is your first or second claim club.

_____ Claim

PARENTAL CONSENT

By returning this completed form, I agree to the child in my care taking part in the activities of the club. I also give my permission for the coaching staff to seek whatever medical assistance is required, if I cannot be contacted, in the unlikely event of an accident.

Name of parent/guardian: _____

PRINT NAME

Signature of parent/guardian _____

Date _____