



# Membership Application Form 2010



## Personal Details:-

Membership No:-  if existing member

|                                     |                      |   |  |
|-------------------------------------|----------------------|---|--|
| First Name:                         | <input type="text"/> | Surname:  | <input type="text"/>   |
| Address:                            | <input type="text"/> | Postcode:   | <input type="text"/>   |
|                                     |                      | Contact No:   | <input type="text"/>   |
|                                     |                      | Mobile No:  | <input type="text"/>   |
| E-Mail:                             | <input type="text"/> | Date of Birth:  | <input type="text"/> dd/mm/yyyy  |
| Gender                              | Male / Female        |   |  |
| Are You Disabled:                   | Yes / No             | Is this Your First Year in Triathlon?   | Yes / No   |
| Next of Kin Name:                   | <input type="text"/> | Next of Kin Contact No:   | <input type="text"/>   |
| Next of Kin Address (If Different): | <input type="text"/> | Do you have any medical condition that you would want known to medical staff in an emergency: | e.g. Asthma, Diabetic, Epileptic etc. - Please complete Physical Activity Readiness Form and return with application.<br><b>Completed Form Attached - YES / NO</b> |

|   |                        |
|---|------------------------|
| Are You a British Triathlon Federation Member (Triathlon England)?  | Yes / No               |
| Please note that you are <b>NOT</b> insured against Personal Accident or Public Liability whilst attending any Sun City Tri training sessions. Members who opt not to join BTF/TE are advised to seek alternative insurance cover. (So we strongly recommend that you join). Details @ <a href="http://www.britishtriathlon.org">www.britishtriathlon.org</a> | If Yes then BTF/TE No: |

| Membership Fees (Jan- Dec)                                | £'s                                    | Notes        | Tick                                |
|---|--|--------------|-------------------------------------|
| <b>New Member</b> - Adult (Full) – 18 years & over.       | 30.00                                  | Swimming     | <input checked="" type="checkbox"/> |
| <b>Renewal</b> - Adult (Full) – 18 years & over.          | 20.00                                  | Swimming     | <input type="checkbox"/>            |
| <b>New Member</b> - Adult (Associate) ) – 18 years & over | 20.00                                  | Non Swimming | <input type="checkbox"/>            |
| <b>Renewal</b> - Adult (Associate) ) – 18 years & over    | 10.00                                  | Non Swimming | <input type="checkbox"/>            |
| Junior (12 – 18 years)                                    | 10.00                                  |              | <input type="checkbox"/>            |
| Junior (8 - 11 years)                                     | FOC                                    |              | <input type="checkbox"/>            |
| Family (2 or more members at same address)                | 10% Reduction on individual Fees above |              | <input type="checkbox"/>            |

Form for Each Member Req.

**Note:-** To be comfortable in training sessions **Junior** members should be competent swimmers over 50m front crawl and be able to ride a bike.

**Subscriptions run from 1st January to 31st December. (Membership Renewals after 31st January charged at New Member rate).**

Members joining after 30<sup>th</sup> June 50% of above rates. (Members joining after 31st Oct - Full Price applies but will remain valid for the following membership year.)

|   |          |
|---|----------|
| Promotional Photographs   | Yes / No |
| Occasionally the club will use photographs from races etc.. To promote the club e.g. on website or newspapers. Do you agree for images of yourself/child to be used in this manner? |          |

Amount of subscription enclosed with this form £..... (Cheques preferred)

**Cheques payable to the account of SUN CITY TRI**

I have read the Constitution of Sun City Tri (Available on Website) and the Rules of the British Triathlon Association and agree to be bound by their rules.

I will inform the Coach of any change in circumstance which may affect my training and undertake to act safely, with due regard to myself and other club members.

The Club cannot be held responsible for any injury, loss or damage suffered by me whilst training or competing at a club organised session/event.

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

Parent/Guardian (if under 16)

Name:.....

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

**Please return completed form and payment to: Membership Secretary or Committee Member**

|  |  |                                     |
|--|--|-------------------------------------|
| <b>CLUB USE ONLY</b>                           |  | MEMBERSHIP NO. <input type="text"/> |
| Membership Secretary / Club Official Signature | Date official received the Membership Form | Amount Received                     |
|  |  | £ Cash <input type="checkbox"/>     |
|  |  | £ Cheque <input type="checkbox"/>   |