



HALESOWEN ATHLETIC & CYCLING CLUB

Athletics Section Membership Form 2018

Manor Abbey Stadium, Manor Way, Halesowen, B62 8RW 0121 550 1360

Halesowen A & CC was founded on the 26 Dec 1922 and moved to its present site at the Manor Abbey Stadium in 1949. The club is a voluntary, non profit making organisation. The coaches, team managers, committee members and volunteers all give their time freely, and without their generosity the club would not exist.

Halesowen A & CC welcomes new members of all abilities aged over 8 years. The club competes in all areas of athletics throughout the year, from cross country to sports hall athletics, track and field, multi-terrain and road running.

All members are encouraged to compete and become involved in the club activities. In particular there is an expectation that coached athletes compete for the club. As a club member the club requires you to observe the club codes of conduct and whenever you are training with, or competing for the club, to ensure that you are a credit to yourself and the club.

As a club we are trying to be more sustainable in our approach to keeping in touch and therefore we request that a suitable email address be provided for club communications. If you DO NOT want to receive communications in this format please tick the box by Email details in Section DETAILS OF FAMILY, COUPLE OR INDIVIDUAL.

Subscription Summary

Category	Athletic Section	Main Club	TOTAL
Family (2 Adults + Children) - Note No.3	£150.00	£190.00	£340.00
Couple (Residing at same address) - Note No 3	£100.00	£135.00	£235.00
Senior (Aged 21 +) - Note No 3	£50.00	£90.00	£140.00
Junior (Under 21) - Note No 3	£50.00	£45.00	£95.00
Senior Citizen (65+) Notes No 1,2 & 3 - £25 Donation gratefully received	£0.00	£0.00	£0.00
County Membership - Note No 3	£25.00	£0.00	£25.00
Lead Coaches - Note No 3 & 4	£0.00	£0.00	£0.00

Note No.1 - Must have been a fully paid up member for TWO years prior to this receiving this benefit.

Note No.2 - Under review for 2019 due to increase in pensionable age

Note No.3 - £15 EA Affiliation Fee is NOT included in the above fees

Note No.4 - Lead Coaches free membership to be approved by section committee

2018 Subscription Calculator

Athletics Section Fees ***

Number of Family groups (2 Adults plus Children)

			Total
<input type="text"/>	X	£150.00	= <input type="text"/>
<input type="text"/>	X	£50.00	= <input type="text"/>

Number of Individual Applicants (Individual and Couples)

Main Club Fees ***

Number of Family groups (2 Adults plus Children)

<input type="text"/>	X	£190.00	= <input type="text"/>
<input type="text"/>	X	£135.00	= <input type="text"/>
<input type="text"/>	X	£90.00	= <input type="text"/>
<input type="text"/>	X	£45.00	= <input type="text"/>
<input type="text"/>	X	£0.00	= <input type="text"/>

Couple (Residing at same address)

Senior (Aged Over 21)

Junior (Aged Under 21)

Senior Citizen (Over 65)

EA Registration

Number of EA Registrations Required

<input type="text"/>	X	£15.00	= <input type="text"/>
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Membership Fee Due (See Notes Below)

*** If joining the club for the first time between **1 Oct 2018 to 31 Dec 2018**, only 50% of the Main Club and Section fee is due, plus 100% of EA fee, if applicable.

*** If joining the club for the first time between **1 Jan 2019 to 31 Mar 2019**, only 25% of the Main Club and Section fee is due, plus 100% of EA fee, if applicable.

If paying by cheque completed forms should be sent together with payment to; HACC Treasurer, 32 Sandringham Road, Halesowen, West Midlands, B62 8TJ. Cheques to be made payable to Halesowen A & CC.

If paying by Credit or Debit Card completed forms should be presented at the time of payment. Payments can be made on designated days in the Main Club House. Details of these payment days will be advertised on Athletics Section web page.

Membership Cards If you require a membership card to be posted to you then please provide a stamped addressed envelope, otherwise a card will only be available through your coach or directly from Alex Morgan.

2018 MEMBERSHIP DETAILS - Please use block capitals

DETAILS OF FAMILY, COUPLE OR INDIVIDUAL

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
County	<input type="text"/> Postcode <input type="text"/>
Home Tel No	<input type="text"/>
	Mob No <input type="text"/>

If you object to images of your child / children appearing on the HACC Athletics Section website

or promotional material whilst participating in club activities, please tick this box

Email Address (See Notes on Page 1). Tick if do not wish to receive communication (✓)

If England Athletics registration is required then an email address is a necessary requirement

By signing these forms you confirm that you wish to apply for first claim membership of Halesowen A & CC and declare that you are an amateur as defined by England Athletics rules and that you are not a first claim member of another athletics club. By signing this form you agree to allow the committee of Halesowen A & CC to pass on any relevant data to England Athletics for the purposes of athlete registration.

INDIVIDUAL, COUPLE OR FAMILY MEMBER 1:

Name															Title				
Date of Birth			/		/		Gender M / F					Age							
Club Membership No			England Athletics Membership No																
England Athletics Registration (✓ if required)																			
Name of Coach (If known)																			
Emergency Contact Name																			
Emergency Contact Telephone No																			
Please detail below any important medical information/disability that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc)																			
Relevant medical details																			
Signature (signed by parent or guardian and if below 16 yrs of age)										Date									

COUPLE OR FAMILY MEMBER 2:

Name															Title				
Date of Birth			/		/		Gender M / F					Age							
Club Membership No			England Athletics Membership No																
England Athletics Registration (✓ if required)																			
Name of Coach (If known)																			
Emergency Contact Name																			
Emergency Contact Telephone No																			
Please detail below any important medical information/disability that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc)																			
Relevant medical details																			
Signature (signed by parent or guardian and if below 16 yrs of age)										Date									

ADDITIONAL FAMILY MEMBER 3:

Name															Title				
Date of Birth			/		/		Gender M / F					Age							
Club Membership No			England Athletics Membership No																
England Athletics Registration (✓ if required)																			
Name of Coach (If known)																			
Emergency Contact Name																			
Emergency Contact Telephone No																			
Please detail below any important medical information/disability that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc)																			
Relevant medical details																			
Signature (signed by parent or guardian and if below 16 yrs of age)										Date									

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ADDITIONAL FAMILY MEMBER 4:

Name																			Title				
Date of Birth			/			/					Gender M / F					Age							
Club Membership No																			England Athletics Membership No				
England Athletics Registration (✓ if required)																			<input type="checkbox"/>				
Name of Coach (If known)																							
Emergency Contact Name																							
Emergency Contact Telephone No																							
Please detail below any important medical information/disability that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc)																							
Relevant medical details																							
Signature (signed by parent or guardian and if below 16 yrs of age)																		Date					

ADDITIONAL FAMILY MEMBER 5:

Name																			Title				
Date of Birth			/			/					Gender M / F					Age							
Club Membership No																			England Athletics Membership No				
England Athletics Registration (✓ if required)																			<input type="checkbox"/>				
Name of Coach (If known)																							
Emergency Contact Name																							
Emergency Contact Telephone No																							
Please detail below any important medical information/disability that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc)																							
Relevant medical details																							
Signature (signed by parent or guardian and if below 16 yrs of age)																		Date					

ADDITIONAL FAMILY MEMBER 6:

Name																			Title				
Date of Birth			/			/					Gender M / F					Age							
Club Membership No																			England Athletics Membership No				
England Athletics Registration (✓ if required)																			<input type="checkbox"/>				
Name of Coach (If known)																							
Emergency Contact Name																							
Emergency Contact Telephone No																							
Please detail below any important medical information/disability that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc)																							
Relevant medical details																							
Signature (signed by parent or guardian and if below 16 yrs of age)																		Date					