



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)																					
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)																					
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)																					
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							