



# Haywards Heath Harriers



## Application for Membership

**Full Name** ..... **Male/Female**

**Date of Birth** .....

**Address** .....

**Post Code** ..... **Telephone Number** .....

**Email** ..... (Parent/Guardian's if applicant under 16)

**All** members are expected to compete on a regular basis throughout the year, particularly where teams are required.

Please tick one of the following boxes:

- I wish to register with EA/UKA as a competing athlete** and I authorise Haywards Heath Harriers to submit the required personal information.
- I do not wish to register with EA/UKA** and I understand that this will preclude me from competition in events under UKA rules unless there is specific provision to compete as an unattached athlete.
- I am already registered and am joining HHH as a second claim club.** The name of the other UKA affiliated club through which I am already registered is .....

**Please Note:** If you are transferring to Haywards Heath Harriers from another club or may previously have been a member of an EA affiliated club please contact the Membership Secretary.

**Disability** Yes/No (If Yes, please give details) .....

Please tick the following boxes to confirm you have (as appropriate)

- Completed and submitted an Emergency Contact form**
- For Junior applicants : read and agreed to abide by the Code of Conduct for Parents/Carers and The Junior Club Rules** (available on the Club website)
- For Senior Applicants ; read and agreed to abide by the Athletes code of conduct** (available on the Club website)

**No fees should be sent with your application. Once your application form has been processed you will be invoiced for membership fees as detailed on the HHH website 'Join Us' page.**

**Signature** ..... (Parent/Guardian's if applicant under 16)

**Print parent/guardian name** (if applicant under 16) .....

**Date** ...../...../.....

**A Club vest will be issued on acceptance of Membership.**

**The Club Handbook can be downloaded from <http://www.haywardsheathharriers.co.uk/joinus.html>**



# Haywards Heath Harriers



## Emergency Contact/Medical Form

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

**Name of Member** .....

**Contact Name** .....

**Emergency Contact Number(s)** .....

In the event of injury or illness, all reasonable steps will be taken to inform the next of kin, and to deal with the injury/illness appropriately.

Please detail below any important medical information that our coaches/junior co-coordinator should be aware of (eg allergies, asthma, diabetes, epilepsy etc).

.....  
.....  
.....  
.....

**Signature** (Parent or Guardian's if under 16) .....

**Date** .....

**For Parents/Guardians only:**

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.