



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.
An "Information for New Members" document 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).

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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.