



ORWELL PANTHERS A C

Affiliated to UK Athletics, England Athletics, Suffolk County AA

Membership Secretary: Colin Hindle, 40 Chevalier Street, Ipswich, Suffolk, IP1 2PD. Tel: 01473 401555.
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FULL MEMBERSHIP APPLICATION FORM

I wish to apply for Full Membership of Orwell Panthers Athletic Club.

(To ensure that we have the correct details for you, please insert the information requested below and return the form to Membership Secretary. If you are under 18 years of age, please also ask your parents or guardian to sign this form before it is returned. This information will be maintained in absolute confidence but will be used to ensure that you are kept informed about club events.)

PERSONAL DETAILS

NAME.....

ADDRESS (including post code)

.....

.....

HOME PHONE NO..... YOUR MOBILE

YOUR EMAIL.....

DATE OF BIRTH AGE.....

GENDER MALE/FEMALE

SCHOOL ICARD NUMBER.....

WHAT EVENTS DO YOU ENJOY THE MOST.....

.....

WOULD YOU BE PREPARED TO COMPETE YES/NO

SIGNATURE OF ATHLETE.....

DATE

MEDICAL DETAILS

Any relevant medical or behavioural information that our coaches should be aware of (E.g. Epilepsy, asthma, diabetes, a tendency to run off, etc)

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INHALERS: YES/NO (if YES, please specify and complete the attached Registration Form)

MEDICATION: (please specify).....

.....

ALLERGIES:

.....

GP (name, address & tel. No.)

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DISABILITY:

Orwell Panthers AC was formed to give access to athletic training and competition for those aged 11 years and over who have disabilities. In order to give you the right opportunities and to understand the level of your ability, we need the following information.

What is the nature of your disability? (Please tick the correct box)

Visual impairment Hearing impairment Physical disability
Moderate Learning disability Severe Learning disability
Multiple disability **Other** (please specify)

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SPORTING INFORMATION

Have you participated in athletics before? Yes / No

If yes, where have you participated in athletics (please indicate below)

Club County Other (please specify)

Primary school Secondary school

Local authority coaching session/s

EMERGENCY CONTACT DETAILS

ATHLETE'S NAME.....

CONTACT NAME.....

CONTACT NUMBER.....

ALTERNATIVE CONTACT NAME

ALTERNATIVE CONTACT NUMBER

I/we understand that in an event of any injury all reasonable steps will be taken to contact me/us and I/we give permission in my/our absence to administer any treatment or medication deemed necessary.

By returning this completed form, I/we agree to my/our son/daughter/child in my care taking part in the activities of the club and will abide by the rules and regulations of the club.

We sometimes take pictures/video footage of the athletes so we can use them either in publicity material or to improve their general techniques. If you do not wish for your child to be featured in this way please tick this box.

NAME OF PARENT/GUARDIAN.....

ADDRESS OF PARENT/GUARDIAN.....

.....
SIGNATURE OF PARENT/GUARDIAN.....

DATE.....

SPORTS EQUITY MONITORING

It is **not compulsory** that this section is completed but the Club is committed to the elimination of all discrimination from our sport and monitoring our membership can identify issues of under-representation of different groups and can help us develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

ETHNICITY

In order to help the club monitor its membership can you please ring one of the following boxes to identify the athlete's ethnic group/origin?

Choose one section from A to E and then ring the appropriate box.

A White

British Irish Any other white background (please specify)

B Mixed

White & Black Caribbean White & Black African White & Asian

Any other mixed background (please specify)

C Asian or Asian British

Indian Pakistani Bangladeshi

Any other Asian background (please specify)

D Black or Black British

Caribbean African Any other Black background (please specify)

E Chinese or other ethnic group

Chinese Any other (please specify)