



VRAC MEMBERSHIP APPLICATION FORM –U11s

PLEASE NOTE: Minimum age for membership is 9 years.

(1st April 2018 to 31st March 2019)

To be completed for all U11s *including those with family membership*

PART 1

PERSONAL INFORMATION

First Name:	Last Name:
Male/Female:	Date of Birth:
Address:	
Post Code:	

MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.) Continue on the reverse if necessary.

DISABILITY: Do you consider your youngster to have a disability? YES _____ NO _____

If yes, what is its nature (eg visually impaired, hearing impaired, physical disability, learning disability, multiple disability): Continue on the reverse if necessary.

PARENTAL CONTACT DETAILS:

Name of Parent/Guardian:	
Relationship:	Email:
Telephone No:	Mobile:

EMERGENCY CONTACT DETAILS: *Please complete if not as above*

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

Emergency Contact Name:	
Relationship:	Contact No:

KEEPING YOUR U11 ATHLETE SAFE:

It is expected that all U11 athletes will be brought to the training group and collected from the training group by a parent or designated adult with responsibility. Any variation should be discussed with Sarah or a member of the U11 coaching team.

PART 2

PARENT and ATHLETE CONSENT

Vale Royal AC recognises the need to ensure the welfare and safety of all young people in sport. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children.

Vale Royal AC will follow the AAAE Welfare Policy guidance for the use of photographs and will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform a club official immediately.

U11 coaches often take pictures/videos of groups of U11s in competition or training as a coaching aid or to put them on VRAC Facebook page and/or website.

I consent to Vale Royal AC photographing or videoing _____ (name of child)

I _____ (name of child) consent to Vale Royal AC Photographing or videoing my involvement in athletics.

Signed _____

If you are unable to provide consent, there will need to be a discussion on how we can help comply with your wishes allowing your youngster to train with us.

Name of parent/guardian: _____

DATA PROTECTION :

The information you have supplied on this form may be shared with Vale Royal AC coaches or officials when necessary. If you are happy for your information to be passed to other members of the coaching staff or Vale Royal Committee members please tick the box below. Please note if you are not happy for your medical information to be shared with the relevant parties this may prevent medical assistance being administered in an appropriate manner in the case of an emergency.

I am happy for my details to be passed to coaches or officials of Vale Royal AC

By returning this completed form I agree to the child in my care taking part in the activities and competitions of the Club.

I confirm that my child is eligible to compete under UKA Rules

I accept that my child's personal data will be held on computer database by the Club.

My child and I agree to abide by Vale Royal AC Codes of Conduct. *

SIGNED

DATE

*Conduct and Track Etiquette can be found for your reference on the membership area of our website:

<http://www.valeroyalathleticclub.co.uk/MembershipArea.html>

MEMBERSHIP FEES (please select)

Individual Membership: **£55**

Family membership - if your young athlete is part of a family group *incl 1 or 2 competing members: **£105**

Number of additional family members (£20 per member)

Please select payment method:

Cheque/cash payable to Vale Royal Athletic Club included with this form or

Bank transfer to **60-15-29 30935636**. Date transferred: _____ **(Please be sure that your U11s membership has been approved before electronic transfer)**

Return completed forms to : VRAC U/11 Memberships, c/o 376 Chester Road Hartford CW8 2AQ

PART 3 - About You!

Name:

SPORTING/OTHER INFORMATION

U11 Athlete can fill this in!



This is to help the coaches think about you as a person and to understand what you want to do, where you may excel or become tired because of the other stuff you've been up to in the week.

Name of School _____

Have you taken part in athletics before? YES/NO if yes, please ✓ below.

Primary school VRAC Other Club Other

Have you been a member of another athletic club in the past? YES / NO

If yes date, of resignation: _____

Are you now a member of other sporting club(s)? YES/NO If yes, please ✓ below.

Gymnastics Football Rugby Swimming Other

If ✓ other, please provide details.....

What activities would you like to take part in?

If you want, you can number them in favourite order where **1** is the most favourite and **6** the least

Throwing events eg javelin		Longer distance running eg Cross county	
Jumping eg long jump		Sprinting eg 100m	
General Fitness/Multi Events		Other	

If you want to provide extra information, go onto the reverse of this sheet

What is your T- Shirt/ vest size? Ask a parent!

Age 9	Age 10	Age 11	Small	Medium	Large
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What name would you like to be known as? eg Jessica –Jess, Jonathan – Jon

Why do you want to be a member of VRAC?

It would be nice to know but we don't mind if you don't want to say!