



LASSWADE ATHLETICS CLUB

MEMBERSHIP FORM

I hereby apply for membership of Lasswade Athletics Club and agree to abide by all the rules of the club and of any relevant body which it may join in order to pursue athletics.

Name: Date of Birth: / /

Male/Female:

Address:

Town/City: Post Code:

Telephone Number: Mobile Number:

Email Address:

(For distribution of relevant information relating to Lasswade Athletics Club only)

Scottish Athletics No (If known): **SA** Renewal Date: / /

If you are a member of any other athletics club, enter name here.

MEMBERSHIP FEES

| Under 9 years | 9 years old to under 21 | 21 years old to under 65 | 65 and Over | Family membership up to 2 senior and unlimited junior memberships in the same family |
|-------------------------------------|-------------------------|--------------------------|-------------|---|
| Free until 9 th birthday | £25 | £35 | £25 | £80 |

Please tick this box if you would like to Gift Aid – at no cost to yourself!
To Gift Aid you must be a UK tax payer and understand that if you pay less income tax and/or capital gains tax than the amount of the gift aid claimed on all your Gift Aid donations in that tax year it is your responsibility to pay the difference.

I understand that a charge of **£2** on Monday and Thursday training nights will be made and this shall not increase unless decided at the AGM of Lasswade Athletics Club.

Please advise of any health problems including asthmatic conditions or allergies

If you use a Beta 2 Agonist inhaler (e.g. Ventolin or Bricanyl), please tick here. (You will be required to fill in a UKA inhaler users form).

Club information will sometimes be sent out to athletes via Text or Email
If you **object** to your son/daughter being contacted in this way, please tick here.

If you **object** to Lasswade Athletics Club using photographic equipment (including video cameras) for training purposes or to the use of athletes' photographs/ video recordings to enhance the profile of the club via the website or as part of club advertisements, please tick here.

It would be really appreciated if parents of junior athletes would agree to volunteer for the club for a minimum of five hours a year, if you are unable to commit to this, please tick here.

Emergency Contact: Relationship:

Telephone No: Mobile No:

Please email your completed form to cathy.dickson@talktalk.net and pay by bank transfer to:-

Lasswade Athletic and Fitness Club Sort Code **80-06-29** Account Number **00493746**

(Below Lasswade AC Official Use Only)

Date Received: / / Amount (£): Cash/Cheque:

Date Sent to SAL: / / Database No: Cheque No:

Renewal Date: / / Age Group: **U** / Senior Bank Name: