

CHORLEY ATHLETIC CLUB

President : His Worship the Mayor of Chorley

Chairman : Mr John Payne

Secretary : Mrs Pat Keene

Affiliated to : Northern Athletics, England Athletics, The Association of Running Clubs (ARC), Fell Runners Association

MEMBERSHIP APPLICATION FORM

Membership Type Senior | Family | Concession (please circle required membership type)

Personal Details for multiple members, please complete one form for each member

First Name(s)		Date of Birth	
Last Name		Ethnic Origin	
Address		Country of Birth	
Town		If not born in UK, what date you come to live in the country?	
County			
Post Code			
Home Phone		Mobile Phone	
Email		Fax	

Membership of Other Clubs

Club Name	Status	Date Resigned
	First/Second Claim	Active/Resigned
	First/Second Claim	Active/Resigned

Disciplines in which you expect to participate (please tick)

Cross Country	Fell and Trail	Road Running	Race Walking	Track & Field	Other

Volunteer Role or Social Member

Race Marshall	Track/Field Judge	Starter/Marksman	Event Organising	Coaching Assist	Social

Coaching Qualifications

Event	Level	Date Achieved

Medical Conditions	Membership Fees
If you use an inhaler, please state medication prescribed :	Senior £25
	Family £30
	- mother, father and children (up to 18 years old)
	Concession £15
	- includes juniors, unwaged, social members
	Cheques should be made payable to Chorley Athletic Club

Please read the statements below and delete as appropriate.

I confirm that I am eligible to compete under England Athletic rules Yes/No.

I accept/do not accept that my personal data will be held on a computer by Chorley AC.

I agree/do not agree to the disclosure of my personal data in a list of members and to the England Athletics.

In some instances, coaching can be facilitated by the use of video or photographs to show athletes how they can improve their technique.

I agree/do not agree as a parent/guardian of someone under 18 years of age, for them to be being videoed and/or photographed for coaching purposes only.

I agree/do not agree to the disclosure of my name and/or photograph as part of race results to the press and the Chorley AC web site only.

Signed

Date

Parent/Guardian (if under 18)

Please return completed form to :

Maurice Houghton
3 Hampton Close
Chorley
PR7 1NA
t : 01257 271507

www.chorleyac.org

