

# NUNEATON TRIATHLON CLUB



## Membership form for period 1<sup>st</sup> March 2018 – 28<sup>th</sup> February 2019

We are pleased you want to join our club. Please complete and return this form to Nuneaton Triathlon Club committee member or the membership secretary:

Email: [membership@nuneatontriathlonclub.co.uk](mailto:membership@nuneatontriathlonclub.co.uk)

Membership Secretary – Fred Heath

Alternatively you can join on line at <http://entrycentral.com/nuneatontriathlonclub> (note: surcharge for joining online)

We use this information to keep you up to date with our events. We will keep details of all members on computer but your details are not intentionally shared with any other organisations other than as needed for affiliation.

**Seniors only fill in this side of the form.** If you are under 16 years of age please ask for a Parent's or Carer's signature on the form overleaf.

### Please tick the relevant category

Individual Senior (18 yrs and over on 01/03/17) £20.00

Family £40.00 (2 seniors + 3 juniors at same address)

Family £20.00 (1 senior + 2 juniors at same address)

Individual Junior (Under 18yrs or in full time education) £5.00  (See notes overleaf)

Associate / Social (non-competing) £5.00

### Cheques payable to: *Nuneaton Triathlon Club*

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M/F

Family Names (Family Membership Only)

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F

Full Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address (please print clearly) \_\_\_\_\_

First Claim Club (running / cycling, if not NTC): \_\_\_\_\_

Emergency Contact Details: (Name) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Disability information** *The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'.*

**Do you consider yourself to have a disability? Yes  No**

If yes what is the nature of your disability?

Visual Impairment  Hearing Impairment  Physical Disability  Multiple Disability

Learning Disability  Other (please specify)

**To conform with the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679), all members must declare that they agree to their personal information being securely held by Nuneaton Triathlon Club. I understand and agree to the use of my personal data for internal club administration, communication, entry for competitions and by the British Triathlon Federation (or any authority that may supersede it).**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Notes for junior members and parents/carers

1. It is part of the Triathlon England Code of Conduct that reasonable steps are taken to establish a safe environment where the young athletes can enjoy developing their triathlon skills.
2. Parents / Carers are quite welcome to stay and watch the session, but this is not compulsory.
3. Children are expected to remain in the session from beginning to end unless they have to leave early. If the child has to leave early or is being collected by someone other than the Parent / Carer, the Parent / Carer must advise the coach of the details of the arrangement including who will be collecting the child.
4. It is the young athlete's responsibility to participate in triathlon competitions in a sporting manner.
5. Any young athlete who persistently misbehave or put others at risk will be asked to leave the session.
6. It is the parent's responsibility to ensure that their child's bike is in a safe condition to ride.
7. A correctly fitting, approved cycling helmet **must** be worn at all times during the cycle coaching sessions.
8. For all children under 12yrs, coaching sessions will take place in a traffic free facility. However, some children (over 12yrs only) may be involved in coaching sessions that take place on the public highway. Children are only invited to take part when coaches feel they are sufficiently responsible for their own actions and have developed the necessary bike handling skills and fitness levels in order to cope with riding on the public highways. If you do not wish your child to be involved in these sessions then please tick the box below.

**Please tick if you do not want your child to be involved in coaching sessions that take place on the public highway. (See note 8 above)**

**Have you participated in any form of triathlon before? Yes  No  If yes please indicate where -**  
Primary School  Secondary School  Club  Local Authority Coaching Sessions   
Other (please specify)

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### Medical Information

Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes,)

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If you have any concerns about your child participating in any form of physical activity, then please consult your GP before giving permission for your child to take part in any coaching sessions.

### Emergency contact details to be completed by parent/carer

Please indicate below the person that should be contacted in case of an incident/accident.

Contact Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Emergency contact number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

### Parental Consent

I, being the parent/carer of \_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in the coaching sessions and understand and agree that he/she participates in coaching sessions under instruction by Triathlon England coaches entirely at his/her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume full and entire responsibility for his/her own safety under the supervision of a Triathlon England coach. I confirm that he/she does not have disability or medical condition that could affect his/her ability to participate in training sessions.

**Signature (parent / carer)**

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_