

**Middlesbrough Athletic Club (Mandale)
Junior (Under 18) application form**



Membership Secretary
Mrs Jill King
112 Harlsey Road
Hartburn
Stockton on Tees
TS18 5DA
jill@middlesbroughac.org.uk

PLEASE COMPLETE THIS FORM PLUS A MEMBERSHIP FORM IF UNDER 18
www.middlesbroughac.org.uk to download all membership forms

Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:			
Post Code:	D.O.B.		
Home tel:			
Mobile:			
E-mail:			
Coach:			
Medical Information that coaches should be aware of e.g. epilepsy, asthma, diabetes etc.			
Emergency contact details: Contact e.g. Parent/carer Contact numbers;			

Subscriptions: Due on 1st February annually.

Under 18: £20.00 **Under 11:** £10.00 **2nd Claim:** £5.00

A Club membership form must be completed along with this form.

Cheques: payable to Middlesbrough Athletic Club (Mandale) and sent to the Membership Secretary - address opposite together with a S.A.E.

In order to help the Club monitor its membership, can you please tick one of the following boxes to identify your ethnic group
Choose one section from A to E and then tick the appropriate box.

- A White D Black/Black British
B Mixed E Chinese or other Ethnic group
C Asian/Asian British

Disability: the disability discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities'. Do you consider yourself to have a disability?
If yes, what is the nature of your disability? E.g. visually impaired, hearing impaired, physical disability, learning disability.

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the Athletic Club. I understand that I will be kept informed of these activities as regards times, locations and transport arrangements. **Please make sure you have a contact for your Coach.**

I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me, and to deal with that illness/injury appropriately.

Name of Parent/Carer or other:
Signature of Parent/Carer:
Date: