

**APPLICATION**

**FORM 2024**

## **Section One – Membership Details**

## **Members Full Name** ……………………………………………………. **Date of Birth** ………………………………………………..

**Address** ……………………………………………………….……………………………………………………..……………………………………………

……………………………………………………….……………………………………………………..………… **Postcode** …………………………

**Phone Number** ……………………………………………………….……………………………………………………..…………………………….

**Email Address** ……………………………………………………….……………………………………………………..………………………………

## **Section Two – Emergency Contact Information**

## **Name** ……………………………………………………….……………………………………………………..………………………………

## **Relationship to Member** ……………………………………………………….……………………………………………………..….

## **Contact Number** ……………………………………………………….……………………………………………………..………………

**Section Three – Payment & Fees**

|  |  |
| --- | --- |
| **Category** | **Annual Membership** |
| Individual | £50 |
| Family | £100 |

In addition to the annual membership there will be subs to pay per training block

|  |  |  |
| --- | --- | --- |
| Training Block | Individual | Family |
| Block One Laser Run & OCR | £24 | £48 |
| Block Two Pool Biathle/LR | £25 | £50 |
| Block Three OW, Biathle, Triathle, LR | £22 | £44 |
| Block Four Pool Biathle/Laser Run | £28 | £56 |

The payment method is BACS transfer to Sort Code 60-19-38 Account Number 32143567 Account Name North West Biathle. Please use the members name as payment reference.

The annual membership fees are due by 31st January. The training subs for Block One are due 31st January. Block Two 1st April, Block Three 4th June and Block Four 2nd September.

Payment Made for Annual Membership - Date ………………………………….

**Section Four - Declaration**

## I am applying to become a member of North West Pentathlon Hub for 12 months. I understand I will have to renew membership after the 12 months. I have paid the annual club membership and understand that I will not be able to train and nor be insured until the payment has been made. I agree to pay the monthly subs, and understand that I won’t be able to train if these aren’t paid.

Signed ……………………………………………………………………………………………. Date ………………………………………………………

**Section Five – Medical Information**

Does the athlete have any specific medical conditions requiring treatment or medication?

If yes, please provide details on the below…

Medical Details -

It may be essential for the coaches to have the necessary authority to give or authorise medical treatment. We ask that you give your consent below.

I ..…………………………………………… as paternal/guardian of the above-named child hereby give permission for coach to give the immediate necessary authority on my behalf for any medical treatment recommended by a competent first aider/medical professional.

Signed ……………………………………………………………………………………………. Date ………………………………………………………

**Section Six – Photography Consent**

## By joining the Hub, I consent to photographs being taken and being reproduced as seen fit by the hub. This will include appropriate photographs being placed on the North West Pentathlon Hub web site, social media and being made available to Pentathlon GB for inclusion on their web site.

**Sections Seven – Code of Conduct**

## By signing this application form and paying the required membership fee I am accepting full responsibility for my personal safety and that of others during all activities I take part in and which are considered part of the training. Whilst attending training sessions or any other event organised by North West Pentathlon Hub I will accept that the club will not be responsible, financial or other, for any loss, injury or illness sustained.

## I accept that as a member of North West Pentathlon Hub, I will maintain my membership of Pentathlon GB. I am aware that the club operates a Child Protection, Health & Safety, First Aid, GDPR and Equality policies that are available on request, and available at on the Pentathlon GB website under Policies.

I will ensure that whilst representing North West Pentathlon Hub my conduct will not bring North West Pentathlon Hub into disrepute. I accept that if I fail to keep to this agreement the club will re-consider my membership. I realise it is important to respect the coaches and fellow athletes.

Parents/carers take responsibility for accepting this agreement if the child is under 18.

|  |  |  |  |
| --- | --- | --- | --- |
| Full name (print): |  | Date: |  |
| Athlete’s signature: |  | | |
| If under 18 years old  Parent/Carer full name (print): |  | Date: |  |
| Parent/Carer signature: |  | | |