



**CITY OF PLYMOUTH ATHLETIC CLUB**  
**APPLICATION FOR MEMBERSHIP**

Full Name

Address

Post Code

Home telephone no

Mobile no:

e- mail address

Date of birth  Male  Female

Coach – (if known)

Discipline (i.e) Panthers, Minors, Sprint, Throws, Endurance, Jumps, or specify

**DISABILITY**

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

Do you consider yourself to have a disability      Yes           

If yes, what is the nature of your disability?

Visual impairment            Hearing impairment            Physical disability        
Learning disability            Multiple disability            Other (specify)     

**MEDICAL INFORMATION**

Please detail below any medical information that our coaches/minors co-ordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

In order to help the club monitor its membership please tick one of the following boxes to identify the athlete's ethnic origin

**A WHITE**

British   
Irish

**B MIXED**

White & Black Caribbean   
White & Black African   
White & Asian

**C ASIAN OR ASIAN BRITISH**

Indian   
Pakistani   
Bangladeshi   
Any other Asian background

**D BLACK OR BLACK BRITISH**

Caribbean   
African   
Any other black background   
**E CHINESE**

**EMERGENCY CONTACT DETAILS**

Contact name e.g. parent/carer

Emergency contact number

Signature of member .....

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This section to be completed for members aged under 16

By returning this completed form, I agree to my son/daughter in my care taking part in the activities of the City of Plymouth Athletic Club.

I understand that I will be kept informed of these activities – for example times of training and transport details to competitions.

I understand that the City of Plymouth Athletic Club accept no responsibility for any accident or injury sustained during training or competition

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

Name of parent/carer   
(BLOCK CAPITALS)

Signature of parent/carer  Date

**NOTE ; Membership of City of Plymouth Athletic Club is open to all members of the community.**

For Office use only – Membership Number ..... Committee date .....