

# Chelmsford Tri Club -Discovery Membership Application Form 2022



Surname	First Name	Sex M / F
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Date of Birth	Age @ 31st Dec 2022
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Address	Post Code
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Tel No ( Hm )	Tel No ( Mob )
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E - Mail
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Name of Contact in Event of Emergency	Relationship
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Contact number in Event of Emergency
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<b>Medical Information</b> <i>Provide Details if Application e.g. Asthma, Diabetes, Historic Injuries etc.</i>
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<b>Details of other club affiliation</b> <i>Provide Details if Applicable ( Tri Club, Swimming, Running, Athletics, etc., Achievements / experience )</i>
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Discovery Tri Claim Status	( First Claim )
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*Please denote yes / no which claim status applies ( If you are a member of another athletics/Tri club you can still join us as your second claim club.)*

British Triathlon Membership No. ( If Applicable )	BTA No
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## Annual Membership Subscription Fee & Weekly subs 2022

Annual Membership Subscription	£20.00	
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Dry Membership	£18 per month	
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Wet Membership	£28 per month	
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*Please denote which membership option you require*

**Photography Consent** - Do you give the club consent to post photographs of your child on social media sites run by the club, the club website and in the press? Yes/No

**Code of conduct For Parents / Guardians**

1. Encourage your child to learn the rules and play within them.
2. Discourage unfair play and arguing with officials.
3. Help your child to recognise good performance, not just results.
4. Never force your child to take part in sport.
5. Set a good example by recognising fair play and applauding the good performances of all.
6. Never punish or belittle a child for losing or making mistakes.
7. Publicly accept officials' judgements.
8. Support your child's involvement and help them to enjoy their sport.
9. Use correct and proper language at all times.

**Acknowledgement & Signature**

*By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club and I will abide by the code of conduct*

*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 injury/illness appropriately.*

*I agree to inform the club of any changes to a medical condition immediately.*

*I accept and will abide by the rules of the club as set out in the constitution and agree that the club will not be responsible for any injury, loss or damage caused by participation in club events.*

*A copy of the constitution is available on request from the membership secretary.*

*I consent to Photographs of my child to be used on the club website*

*I will also volunteer to assist in at least one event hosted by the club.*

***If applicant is under 16 years a parent / guardian must take full responsibility for juniors at all training and competition events.***

Signature of Triathlete:

Date

Name of parent/guardian:

Date

Signature of the parent/guardian:

Date

Parent/guardian's Occupation:

Please return this completed form & Payment to :-

The Membership Secretary Discovery Triathlon :- Lisa Lager or Head Coach Ashley Nicholson

*( Annual membership will be taken from your August direct debit as we do not offer full training in August.)*

**ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL**

**Data Protection**

This information is held on our membership database and will be used to comply to the rules of the governing body and to enable us to make contact with you with regard to events and club matters. If you do not wish your data to be held on file please notify the membership secretary in writing.