Lothian Running Club

2018 Membership Application / Renewal

|  |  |
| --- | --- |
| Name |  |
| Address |  | Phone |  |
|  | Date of Birth |  |
|  |  | Scottish Athletics No. |  |
| Post Code |  | Email Address |  |

|  |
| --- |
| Please sign me up to the Club News email list (Tick)\*🞏 |
| Name of previous club (if any) |  |
| How did you hear about the club | Word of Mouth ❒ Flier/Poster ❒ Newspaper ❒ Primary school ❒Website ❒ Other (please specify) ❒  |

\* This opt in only pertains to the Club's mailing list. We may still use your email address to contact you if necessary.

|  |  |  |
| --- | --- | --- |
| Select Type of membership | Fee | Tick  |
| Senior………………………………………………………………………………………….. | £20 | 🞏 |
| Junior (under 21)……………………………………………………………………………… | £10 | 🞏 |
| Family. (Parents and children under 21 at same address) ............................................Please give full names, dates of birth, SAL numbers on next page. | £40 | 🞏 |
|  |
| Non-Competing Membership................................................................. | £5 | 🞏 |
| First Claim Club |  |

**Note:** that membership runs annually starting from January 1st. Reductions are available for NEW members joining later in the year.

### I hereby apply for membership of Lothian Running Club. I agree to abide by the club’s Code of Conduct:

|  |  |
| --- | --- |
| Signature of Applicant |  |
| Date: |  |

### Under 18s (To be completed by parent or guardian.)

I agree to the child under my care taking part in the activities of the club. I understand that I will be kept informed of these activities. I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

It is expected that parents and carers will be willing to undertake a certain amount of voluntary work.

|  |  |
| --- | --- |
| Signature of Parent or Guardian(U18s) |  |
| Date: |  |

**Note:** A computer record will be kept of the information you give on this form. Your signature will be regarded as approval of this, unless you notify us of any objection.

# Family Members

To be completed if Family membership was chosen on page 1. Leave Membership No. blank

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Membership No. |  |
| Date of Birth |  | SAL Number |  |
| Name |  | Membership No. |  |
| Date of Birth |  | SAL Number |  |
| Name |  | Membership No. |  |
| Date of Birth |  | SAL Number |  |
| Name |  | Membership No. |  |
| Date of Birth |  | SAL Number |  |

Please return with appropriate fee at any Training Night. Alternatively post or email to the membership secretary: **Lothian Running Club, c/o Colin Partridge, 46 Lady Place, Livingston, EH54 6TB**
membershipsecretary@lothianrunningclub.co.uk

Cheques should be made payable to: Lothian Running Club. Please do not send cash through the post, contact the membership secretary for other ways to pay.

Admin

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Age Group |  |  | Card Issued |  |  |  | £ to treasurer |  |
|  | Membership list |  |  | Email List |  |  |  | Membership No(s). |  |

Medical Information

It is important that club coaches and team managers are made aware of any medical condition, or other problem, which may affect you whilst you are training or competing with the club. If there is a significant possibility that a condition such as asthma, diabetes, or epilepsy, may cause problems, please give details of the condition:

|  |
| --- |
|  |

If appropriate, please indicate what remedial action should be taken at the onset of the problem:

|  |
| --- |
|  |

**Note**: that information supplied will be treated as confidential to coaches and team managers.

Please outline any special dietary requirements for you or your, child and the type of pain or flu relief medication that your child may be given, if necessary:

|  |
| --- |
|  |

# Emergency Contact Details

|  |  |
| --- | --- |
| Name |  |
| Phone (Mob) |  | Phone (Home) |  |
| Email |  |

# Alternative Contact Details

|  |  |
| --- | --- |
| Name |  |
| Phone (Mob) |  | Phone (Home) |  |
| Email |  |

# Name of Family Doctor

|  |  |
| --- | --- |
| Name |  |
| Phone  |  |
| Address |  |

### Under 18s

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present:

|  |  |
| --- | --- |
| Full Name |  |
| Signature of Parent or Guardian |  |
| Date: |  |

# Medication & Anti Doping Regulations

Members should all be aware that Anti Doping regulations prohibit the use of many substances commonly found in medications and in some beverages. The secretary can supply a small leaflet which tells you which commonly used medications are, and are not allowable.

Secretary: Kirsty McMeechan, 65 Staunton Rise , Livingston EH54 6PD
email: clubsecretary@lothianrunningclub.co.uk

For general advice contact UK Athletics Anti-Doping Manager David Herbert. Tel: 0121 713 8432. email: dherbert@ukathletics.org.uk You can expect a very helpful response.

There is a newly formed UK Anti Doping organisation (UKAD) which gives comprehensive information on its web site www.ukad.org.uk/home/

Note that if you are using an inhaler which contains a banned substance then it may be possible to change to a legal alternative. If this is not possible then you may get dispensation, if your doctor completes a form. Form available from: [www.ukathletics.net/antidoping](http://www.ukathletics.net/antidoping)

Photography and Recorded Images

Lothian Running Club recognises the need to ensure the welfare and safety of all young people in athletics.

In accordance with the Scottish and UK Athletics child protection policy and procedures, we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

Lothian Running Club will follow the guidance for the use of photographs a copy of which is available from the Club Welfare Officer, the club website, or www.uka.org.uk

Lothian Running Club will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to Lothian Running Club or Club appointed photographer photographing or videoing my child’s involvement in athletics for the duration of the current membership year for the purposes of publicising and promoting the club or sport, or as a coaching aid.

|  |  |
| --- | --- |
| Signature of Parent or Guardian |  |
| Date: |  |

**Children of 12 and over** should *additionally* provide their own consent.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to Lothian Running Club or Club appointed photographer photographing or videoing my involvement in athletics for the duration of the current membership year, and agree to them being published to promote the club or sport.

|  |  |
| --- | --- |
| Signature of Child |  |
| Date: |  |