



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	<input type="checkbox"/>	Flier/Poster	<input type="checkbox"/>
	Newspaper	<input type="checkbox"/>	Primary school	<input type="checkbox"/>
	Website	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

* 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	<input type="checkbox"/>
Junior (under 21).....	£10	<input type="checkbox"/>
Family. (Parents and children under 21 at same address)	£40	<input type="checkbox"/>
<i>Please give full names, dates of birth, SAL numbers on next page.</i>		
Non-Competing Membership.....	£5	<input type="checkbox"/>

First Claim Club

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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	<input type="text"/>	Membership No.	<input type="text"/>
Date of Birth	<input type="text"/>	SAL Number	<input type="text"/>
Name	<input type="text"/>	Membership No.	<input type="text"/>
Date of Birth	<input type="text"/>	SAL Number	<input type="text"/>
Name	<input type="text"/>	Membership No.	<input type="text"/>
Date of Birth	<input type="text"/>	SAL Number	<input type="text"/>
Name	<input type="text"/>	Membership No.	<input type="text"/>
Date of Birth	<input type="text"/>	SAL Number	<input type="text"/>

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	<input type="text"/>
Membership list	<input type="text"/>

Card Issued	<input type="text"/>
Email List	<input type="text"/>

£ to treasurer	<input type="text"/>
Membership No(s).	<input type="text"/>

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	
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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

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: