



CAAC Membership Application Form

I wish to apply for membership of the Caithness Amateur Athletic Club for the year 20_____

PLEASE COMPLETE ALL BOXES:

Athletes Name		Date of Birth	
Address			
School (if applicable)		SAF No (if applicable)	
Place of Birth		(Athlete) Home Tel No-	
		Mobile-	
Parent/Guardian Name		(Parent/Guardian) Home Tel No-	
		Mobile-	
Other Emergency Contact Name		Home Tel No-	
		Mobile-	
E-mail address			

Signature of Athlete: _____

ANNUAL MEMBERSHIP FEES:

Category	Fee	Tick applicable box
Under 9	£20/Year	<input type="checkbox"/>
Junior (Under 18)	£7.50/Month	<input type="checkbox"/>
Full member attending regular coaching	£7.50/Month	<input type="checkbox"/>
Full member not attending regular coaching	£15/Year	<input type="checkbox"/>
Student	£15/Year	<input type="checkbox"/>
Second Claim	£15/Year	<input type="checkbox"/>
Associate	£15/Year	<input type="checkbox"/>

The above information will be stored on a computer database for administration purposes.

PARENTAL CONSENT:

I understand that all coaches and officials are vetted under the Child Protection Policy for The Highland Council and Scottish Athletics. By signing this form you are implying consent for the following:

- I give permission for my child to take part in coaching sessions and events organised by CAAC.
- I give permission for photographs/video to be taken of my child during such sessions, to be used for local or national newspaper publications and the 'CAAC' website to promote athletics or for the purpose of coaching.
- I give permission for my child to receive first aid medical treatment and care as deemed appropriate.
- For athletes under 18 years, in the unlikely event of this being required, I agree for my child to participate in doping procedures, with a Club representative present.

Signature of Parent/Guardian: _____

Date: _____

*Please return completed forms to:
Ann Henderson, CAAC Membership Secretary
3 Church Street, Halkirk
Caithness KW12 6YD*

Emergency Contact & Medical Declaration Form

To be completed and returned as part of the membership application.

For health and safety reasons no one will be allowed to travel with the team if this form is not submitted. Details will be treated as confidential and only disclosed in the event of an emergency.

PLEASE COMPLETE ALL BOXES (STATE "NONE" IF NOT APPLICABLE):

Athletes Name		Date of Birth	
Address			
Parent/Guardian Name		(Parent/Guardian) Home Tel No-	
		Mobile-	
Other Emergency Contact Name		Home Tel No-	
		Mobile-	
GP's Name & Address		GP Phone No	
Current Medical Condition(s)			
Allergies (e.g. nuts, penicillin, plasters etc.)			

MEDICATION DETAILS

If applicable, please list all current GP prescribed medication your child takes such as; inhalers, tablets, liquids etc. All medication must be clearly labeled with the child's name and instructions.

Medication Name	Dosage	Frequency

Athletes will normally be responsible for the administration of their own medication – however;

Do you consent to a First Aider assisting your child to take their medication or to receive medical assistance in an emergency (e.g. in the case of an emergency such as diabetes or requiring an Epi-pen)?	YES / NO
Do you consent to a First Aider administering first aid if deemed necessary?	YES / NO
Please note anything else you feel we might need to be aware of:	

Please note that it is the Parent/Guardian's responsibility to inform the Club of any changes to the details above, at any time, whilst a member of CAAC

Signature of Parent/Guardian: _____

Date: _____

*Please return completed forms to:
Ann Henderson, CAAC Membership Secretary
3 Church Street, Halkirk
Caithness KW12 6YD*