**2024/25 Skegness Triathlon Club Membership Form**

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| **Full Name** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** |  |
| **Date of Birth** |  |

**Are you a member of Fresh Fitness YES NO**

N.B if you attend swim sessions you MUST be a member of Fresh Fitness and pay Skegness Triathlon Club £5 for every month (or part of) that you swim at one of the coach sessions

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| **Emergency Contact Name** |  |
| **Emergency Contact Number** |  |

**Membership Year 1st April 2024 – 31st March 2025 (Price Tick Required)**

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| **Full Membership + EA registrations fees** | **£39** |  |
| **Full Membership without EA registration** | **£20** |  |

Please tick this box if you are registered with England Athletics through another club or organisation. My registered club is…….………………………………………………....................

Individual memberships of Triathlon England / BTF, British Cycling etc are the responsibility of individual members.

**Medical History**

***NB All medical conditions/medications that could affect your participation in club activities, must be on this form. Any new conditions/medication should be declared to the coaches prior to participation in a session. Medical information will be collated by the club secretary and only shared with the club welfare officer and coaches or medical personnel (in the event of an emergency.***

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| **Please tell us about any illnesses, medical conditions or allergies that Club Coaches or medical personnel need to be aware of.** |
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| **Do you consider yourself to have a disability?** | **YES/NO** |
| **If yes please comment below, N.B this will not affect your membership, but will give coaches the opportunity to discuss with you any reasonable adjustments to sessions to ensure they are accessible to all.** | |
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**Declaration (please tick as required):**

I give permission to Skegness Triathlon Club to use my photograph, name and/or details on social media, on the club website and in the press.

I agree to my details being shared with club coaches for the purposes of contacting me or my emergency contact.

I declare I am medically fit to participate in Skegness Triathlon Club training and events and do so at my own risk.

I confirm that I have read and agree to abide by the Skegness Triathlon Club Code of Conduct

Signed:

Date:

**Forms and Remittance:**

Club membership fees should be paid by bank transfer (please give your name as reference) into the following account:

Lloyds TSB

Sort Code: 30-97-67

Account: 22437668

*Skegness Triathlon Club will use your personal data for the purposes of your involvement in club activities. I understand that by submitting this form I am consenting to receiving information about the club by;*

WhatsApp

Email

Phone

All personal information, whether held on computer, paper or other media, will be obtained, handled, processed, transported and stored lawfully and correctly, in accordance with the safeguards contained in the General Data Protection Regulation 2016. For further information on how your data will be processed please see the Skegness Triathlon Club Privacy Policy at [www.skegnesstri.co.uk](http://www.skegnesstri.co.uk). Your information will only be used in connection with your membership to Skegness Triathlon Club and will not be shared with any other third party and will only be kept for as long as is necessary.

All completed forms should be emailed to: skegnesstriathlonclub@hotmail.com