



NAC CLUB MEMBERSHIP FORM APR 2023-MAR 2024



PLEASE COMPLETE IN **BLOCK CAPITALS** & RETURN WITH YOUR
SUBSCRIPTION FEE TO EITHER THE ADDRESS OR EMAIL BELOW (*
REQUIRED SECTIONS)

SECTION A: ATHLETE DETAILS

First Name*		Surname*	
Gender* (Male/ Female)		Mobile Number* (If over 16 years of age)	
Date of Birth* (DD/MM/YY)	__ / __ / ____	School Year* (If applicable)	
Name of School/College* (If applicable)			
Is NAC your first claim club? * (If not, please state your first claim club)			
Preferred Events			
Are you happy for you/your child to be photographed/recordings made and the images / recordings used for publicity purposes in accordance with NAC's photographic policy? *	Yes/No (Delete as appropriate)		
I give my consent to complete future renewals electronically. *	Yes/No (Delete as appropriate)		
Please detail below any important medical information that we should be aware of (e.g., epilepsy, asthma, diabetes, allergies etc.) Please do not leave this blank – if there is no information please write 'None'*			

SECTION B: ATHLETE/PARENT/CARER CONTACT DETAILS

First Name * (If under 16)		Surname* (If under 16)	
Address * (including Postcode)			
Telephone/Mobile*			
Email Address*			

Please note all correspondence will be sent to the email address provided.

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel.

Signature*	
Print Name*	

SECTION C: EMERGENCY CONTACT DETAILS

Please provide details of the persons who should be contacted in the event of an incident/accident/emergency.

Primary Contact Name: *		Relationship:	
Tel/mobile number: *			
Secondary Contact Name: *		Relationship:	
Tel/mobile number: *			

SECTION D: PARENT/CARER HELP

NAC is run entirely by volunteers; we rely entirely on Members and their families to help out at Club Events during the course of the year. Please tick the areas either you (the athlete) or either the Primary or Secondary contact can help, for example if your child attends the track league on Wed evenings at either RGS or NSC, a club representative will then be in touch.

Area of help	Athlete	Primary Contact	Secondary Contact	Area of help	Athlete	Primary Contact	Secondary Contact
Helping at RGS track league				Press / Publicity / social media			
Helping at NSC track league				Results / Timekeepers			
Assisting Training				Refreshments			
Event coordinator				Committee Post			
Administration				Club Kit Helper			
First Aiders				Website Management			
Marshals				Race Adjudicator			
Fundraising				Other (please specify)			

SECTION E: ATHLETE AGREEMENT

All members, whether resident in the Isle of Man or not, shall be deemed to have made him/herself familiar with, and agreed to be bound by the UKA Anti-Doping Rules and to submit to the authority of UK Anti-Doping in the application and enforcement of the Anti-Doping Rules. The Club have adopted these Rules, in full, and they can be found on the Club's [Website](#)

By returning this completed form, I agree to abide by the club code of conduct (which can be viewed on the club's [website](#)) and agree to always behave in the manner befitting an NAC Athlete, when attending club events.

Athlete's Signature* (If over 16)		Athlete's Printed Name* (If over 16)	
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PARENTAL/CARER AGREEMENT REQUIRED FOR ALL ATHLETES UNDER 16

By returning this completed form, I agree:

- To the named athlete taking part in the activities of the club and to be bound on their behalf to the UKA Anti-Doping Rules as stated at top of Section E.
- That I have read and agree to abide by the club code of conduct (which can be viewed on the club's [website](#)) whenever I am present at club activities or competitions.

Parent/Carer Signature* (If athlete under 16)		Parent/Carer Printed Name* (If athlete under 16)	
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MEMBERSHIP FEES (Age as of 31st August 2023)

Under 7 (Reception and Year 1)	£10.00	Seniors Under 17s and up	£42.00*
Under 9 & 11 (Year's 2, 3, 4 & 5)	£17.00	Noncompeting helpers/committee members	Free
Under 13s and Under 15s	£37.00*	*Includes £17 UKA registration fees	
Under 17s and Up in Full Time Education	£37.00*		

Payment method* (circle/highlight as appropriate): Cash / Cheque / Transfer

Payment can be made via bank transfer to I.O.M. Northern Athletics Club, Sort Code 20-26-74, Account Number 50524344
Reference: Members Name (**copy of payment confirmation must be attached to this form**)

All athletes U13 & upwards who become or renew their membership, with Northern Athletic Club will automatically be registered as a member of England Athletics. We will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called MyAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact <mailto:dataprotection@englandathletics.org>.

Members and parent/carer, where applicable, agree when competing, for the member's name, event category, result and position for the event(s) entered to be published within the Club's social media, local press and Power of 10 UKA recognised results services, together with a permanent entry in the Club's historical records.

The Club's Privacy Statement may be found on the Club's Website www.northernaciom.com

Please return completed form together with the membership fee to- Membership Secretary, Stephen Dorricott, Millway, Lezayre Road, Ramsey, Isle of Man, IM8 2TD Mobile: 450004 (evening/weekend) Email: naciom@outlook.com