

PLEASE IN BLOCK CAPITALS

FIRST NAME:		SURNAME:	
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DATE OF BIRTH:		GENDER:	MALE / FEMALE
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FULL ADDRESS :
(including postcode)

HOME TELEPHONE NO:	MOBILE NO:
	E.MAIL:

OCCUPATION:	What is the best way to contact you with club news: Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/>
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ARE YOU A MEMBER OF WT/ET	<input type="checkbox"/> YES <input type="checkbox"/> NO	MEMBERSHIP NUMBER:
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OTHER CLUB MEMBERSHIPS (1) _____
(2) _____

MEDICAL CONDITIONS/INFORMATION:

Do you consider yourself to have a disability? YES / NO

If yes, is the nature of your disability: Visual Hearing Physical Multiple Learning
(please circle) Impairment Impairment Disability Disability Disability

Other (please specify) _____

Medical information – please detail any important medical information that our coaches/club should be aware of (eg epilepsy, asthma, diabetes)

Emergency contact: Name _____ Phone No _____

NOTE – All club members are encouraged to marshal or help at registration for at least one of our club events during the year. If wishing to compete in a club event then a helper should be provided.

DECLARATION

- Do you consent to your details being stored on the club membership database? YES / NO
- Do you consent to any club photos including your image to be used on the website or promotional material? YES / NO
- Do you consent to being videoed for swim training analysis directly or indirectly? YES / NO

Signature (For Junior members this should be signature of parent/guardian. Juniors will also require a signed consent form)

_____ **Date** _____

Print Name _____

To ensure that we have the correct contact details for you please complete and return this form at swim training or send with payment (cheques payable to Pencoed Triathlon Club) to the address below (bank transfers should be made to 51-81-29 87287803 reference members name) . We will keep details of all members on computer but your details are not intentionally shared with any other organisation. Membership runs from 1st February to 31st January each year.

For any queries please contact the Club Secretary: Daniel Morgan, Fields House, Bocam Park, Pencoed, Bridgend CF35 5LW
Phone: 07817 766146 Email: secretary@pencoedtri.club

Please tick relevant category of membership required:

Adult (over 18 years)	£27	Tick	Junior (10-17 or full time education)	£8	Tick	Family (Total of individual members minus 20%)	Tick
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