** Chasewater Tri Club – Membership **

**SECTION A: ATHLETE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | | |
| Surname |  | | |
| Address |  | | |
| Postcode |  | | |
| Contact number |  | | |
| Date Of Birth |  | | |
| Email Address |  | | |
| Membership option (renew 01st of September each year) | | | |
| 01 September – 31 August | | 01 February- 31 August | |
| Adult £24 |  | Adult £12 |  |
| Family £42 |  | Family £21 |  |
| BTF Number (opt) |  | | |

**Below to be completed For Family Memberships**

|  |  |  |  |
| --- | --- | --- | --- |
| Second Adult |  | First Child |  |
| First name |  | First Name |  |
| Surname |  | Surname |  |
| Date Of Birth |  | Date Of Birth |  |
| BTF Number (Opt) |  | BTF Number (Opt) |  |

**SECTION B: ADDITIONAL SUPPORT**

Please detail below any disability you have and/or any additional support you may require from our club coaches.

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|  |

**SECTION C: MEDICAL INFORMATION**

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) **Please do not leave blank–if there is no information please write ‘None’.**

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|  |
|  |

**SECTION D: EMERGENCY CONTACT DETAILS**

Please complete the information below to indicate the person who should be contacted in event of any incident/accident.

|  |  |
| --- | --- |
| Emergency Contact Name |  |
| Emergency Contact Number |  |

**SECTION E: CLUB PRIVACY STATEMENT**

Chasewater TrI Club take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.

Photographs may be used to promote the club via social media and club website.

**Signature Date**