



CHASEWATER TRI CLUB MEMBERSHIP FORM



SECTION A: ATHLETE DETAILS

First Name				Surname			
Address							
				Postcode			
Home Telephone				Mobile Number			
Date of Birth				BTF Number (Optional)			
Email Address				Date			
Membership Type		Adult £24		Family £42		Child £10	
						Social £7	
Below to be completed For Family Memberships							
First Name (2)				Surname			
Date of Birth				BTF Number (Optional)			
First Name (Child 1)				Surname			
Date of Birth				BTF Number (Optional)			
First Name (Child 2)				Surname			
Date of Birth				BTF Number (Optional)			

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 an 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.

Signature		Date	
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