



Dear junior runner,

### Welcome to Glaxo Hoad Hill Harriers.

Please feel free to try "before you buy". In other words, you are welcome to run with us and use the facilities for free, while you decide if you are comfortable with the club and the way we operate.

Please provide your child's name, an adult contact name and phone number, and email address in case we need to contact you.

Officially, you can run with us on three occasions before being asked to pay membership. In practise, if you want longer, then just ask.

Membership forms are attached below.

The annual membership fee is due on 1<sup>st</sup>. January, which is **£22:00** a year. £14 of the fees goes to the running club, Hoad Hill Harriers, and is used to affiliate you with England Athletics. This is to ensure that members are covered by runner insurance cover. An England Athletics pack will be sent to you including your membership card and number.

The remaining £8 of this money is handed over to GSK Sports and Social Club. The clubhouse provides our training facilities, changing rooms, showers, bar and a venue to hold club functions and race meetings. We are also given use of the gym and squash courts at a reduced hourly rate.

There are several ways you can pay this.

- **Cash:** Please hand over in an envelope with your child's name on it, to either a coach or the membership secretary, with the completed membership forms.
- **Cheque:** payable to Glaxo Hoad Hill Harriers). This can be handed to a coach to be passed on to the membership secretary. Please write your child's name on the back. We will pass on £8 to GSK Sports and Social Club. You can also send the cheque to the membership secretary: Julie Newnham, The Din Drum, Dendron, Near Ulverston, Cumbria LA120QN.
- **BACS transfer:** the payment has to be split between the two clubs:
  1. Account : GSK Hoad Hill Harriers, Bank: Cumberland Building Society, Sort Code : 16-52-21, Account No: 52035205. Please add a reference name and HHHsubs to identify your **£14** payment and please let our membership secretary, Julie Newnham know you have paid it: [adrian.newnham@btinternet.com](mailto:adrian.newnham@btinternet.com).
  2. Account Sort Code : 01-08-93, Account No. 05208777. Please add a reference name and HHH member to identify your **£8** payment and let Julie Newnham know you have paid it: [adrian.newnham@btinternet.com](mailto:adrian.newnham@btinternet.com)

As I need contact/medical details for club records and your England Athletics registration, please could you complete the attached forms. All details are confidential and only used for club and England Athletics purposes. Further details concerning our collection of data, its use and storage can be viewed on our web site.

You will be kept up-to-date with news by our regular email updates, posts on our Facebook site and club newsletters, which our sent out electronically every two months. Club running vests and hoodies are available for junior members.

In the meantime, enjoy running.

Best regards,

*Julie Newnham* Membership Secretary





# JUNIOR GLAXO HOAD HILL HARRIERS MEMBERSHIP FORM

2020



I wish to become a junior member of Glaxo Hoad Hill Harriers and I understand that, if accepted, my membership will be reviewed annually. Membership fee for 2020 is £22, and is due by the end of January.

## **ATHLETE DETAILS**

<b>First Name</b>		<b>Surname</b>	
<b>D.O.Birth</b>		<b>Gender</b>	<b>Age</b>
<b>Address</b>			
<b>Post Code</b>			
<b>Parent/carer Name</b>		<b>Contact Number</b>	
<b>Parents/carer EMAIL</b>			

*EMAIL:(this will be used for general communication on upcoming events)*

## **EMERGENCY CONTACT DETAILS:**

<b>Contact Name 1</b>	<b>Contact Number</b>
<b>Contact Name 2</b>	<b>Contact Number</b>

One of the conditions of membership of GHHH is that we ask parents/guardians/carers to help out at club events for a few hours each year. Please indicate areas that you would be interested in helping with. If there is a particular area of expertise that you can bring to the club please let us know.

Helping at training.	Helping at events.
Team management.	Supervision of athletes.
Committee post.	Helping officials.
Other (please specify)	

**ATHLETE AGREEMENT:** By returning this completed form, I declare that I am willing to abide by the club rules and code of conduct for athletes and agree to always behave in a manner befitting a GSK athlete when training and attending club events.

<b>Printed Name</b>		<b>Date</b>
<b>Signature</b>		

## **PARENT/GUARDIAN/CARER AGREEMENT:**

By returning this form I agree:  
To the named athlete taking part in the activities of the club.  
To abide by the club rules and code of conduct whenever present at club activities or completion.  
To helping out at club events.

<b>Printed Name</b>		<b>Date</b>
<b>Signature</b>		

**GLAXO HOAD HILL HARRIERS MEDICAL FORM:** Our records must include any needs your child might have, which might affect his/ her health and welfare at the running club. These could be, for example, the need to take regular medication, the need to use inhalers, the need to wear glasses, hearing problems, allergies, operations etc. We would like you to return this form, giving any information you feel necessary and we would stress that all information will be treated in strictest confidence.

When you become a member, or renew your membership with Glaxo Hoad Hill Harriers, you will 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 [dataprotection@englandathletics.org](mailto:dataprotection@englandathletics.org).

**NAME OF CHILD** \_\_\_\_\_

1. Does your child wear glasses? YES NO  
If YES please give details:.....
2. Does your child have hearing difficulties? YES NO  
If YES please give details:.....
3. Is your child allergic to anything he/she is likely to have contact with at the running club? e.g. Elastoplast, foods, pollen etc. YES NO  
If YES please give details:.....
4. Does your child have asthma? YES NO  
If YES please give details of current treatment and if an inhaler is needed during running club sessions.  
.....
5. Does your child need regular medication for any condition? YES NO  
If YES please give details if it affects their ability to participate in running club sessions.  
.....
6. Does your child have any other medical, physical or emotional needs? YES NO  
If YES, please give details:.....

**ADDITIONAL MEDICAL DETAILS.**


**PHOTOGRAPHY** We may from time to time take photographs of athletic events for press releases. If you **do not** want any photographs to be taken of the above named child then please tick this box.

**ADDITIONAL INFORMATION** This is useful in avoiding overtraining of the athlete and planning their work load during training sessions.

<b>Other Sports Clubs</b>	
<b>Preferred Events</b>	

**OFFICIAL USE:**

<b>Subs paid</b>	<b>Records updated</b>
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Signed (Club Membership Secretary).....

Date.....