

# MEMBERSHIP APPLICATION FORM



## Notes on completion:

1. Annual membership fees are renewed on 1<sup>st</sup> April. New members pay a pro rata fee for each full month between their application date and the annual renewal date. Annual and monthly pro rata fees are as follows: PLEASE TICK WHICH CATEGORY YOU ARE APPLYING UNDER. **Note you need to complete and submit a separate form, health questionnaire and include photos for each person you are including**

	Pro rata	
• Senior (over 16 years old on date of application/renewal)	£30/annum	£2.50/month
• Couple (2 co-habiting seniors)	£50/annum	£4.20/month
• Family (2 adults & any children under 16 on date of application/renewal)	£60/annum	£5.00/month
• Junior (under 16 years old on date of application/renewal)	£15/annum	£1.25/month

2. Cheques made payable to “**Andover Triathlon Club**”. Do not send cash.
3. Send or email (to [membership@andovertriathlon.org.uk](mailto:membership@andovertriathlon.org.uk)) two-passport style photographs. Send completed form and membership fee to: ATC Membership, 12 Walworth Road, Picket Piece, Andover SP11 6LU. (Please note you cannot email the form)
4. If you **do not** wish to be included on the group club email (used for general communication relating to club training etc) please tick here.
5. Please complete, sign and enclose the attached health questionnaire. Information provided by you will be shared with the club coaches for your safety. However it is your responsibility to ensure that you are well and able to undertake any formal or informal training session.
6. Clearly complete details below deleting info as applicable

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB (DD/MM/YY): \_\_\_\_\_ Sex: \*Male / Female

Address: \_\_\_\_\_ Tel No: Day: \_\_\_\_\_

\_\_\_\_\_ Night: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Triathlon Experience: \*First Timer / Novice / Intermediate / Expert

Relevant coaching qualifications: \_\_\_\_\_

Interested in becoming a coach / committee member: \*Yes / No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Check list

Application form **clearly** completed and signed?

Cheque for correct money signed and enclosed

Health Questionnaire completed, signed & enclosed

Headshot photo enclosed or emailed

For Andover Triathlon Club use only

Fee Received by: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership Number: \_\_\_\_\_

# Physical Activity Readiness Questionnaire

Name \_\_\_\_\_

Please mark YES or NO to the following:	YES	NO
Has your doctor ever said that you have a heart condition and recommend only medically supervised physical activity?		
Do you frequently have pains in your chest when you perform physical activity?		
Have you had chest pain when you were not doing physical activity?		
Do you lose your balance due to dizziness or do you ever lose consciousness?		
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?		
Are you pregnant now or have you given birth within the last 6 months?		
Have you had a recent surgery?		

If you have marked YES to any of the above, please elaborate below:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic illness or physical limitations such as Asthma, diabetes? Yes/No

Do you have any injuries or orthopedic problems such as bursitis, bad knees, back, shoulder, wrist or neck issues ? YES/ NO Please specify \_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

\_\_\_\_\_

If you answered YES to one or more questions:

If you have not already done so, consult with your doctor by telephone or in person before increasing your physical activity and/ or taking a fitness appraisal. Inform your doctor of the questions that you answered 'yes' to on the PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for:

1. Unrestricted physical activity starting off easily and progressing gradually, and ...
2. Restricted or supervised activity to meet your specific needs, at least on an initial basis.

To the best of my knowledge I have given full and correct information. I take part in any activity programme entirely at my own risk. I will inform a coach if any of the above changes in the future.

Signature \_\_\_\_\_

Date \_\_\_\_\_