 JUNIOR Membership



 Application / Renewal 2024

This form is to be completed and signed **electronically** for all new membership applications and renewals. For family memberships, one form must be completed per person. Once payment has been made; please e-mail the completed form (not a photo) to Stephenfowkes1@btinternet.com

Failure to complete the form in full and complete payment will result in your application being rejected

Parents / Guardians: Please also complete the Photography Consent Form on page 2.

Membership Type (please delete as applicable): **Application or Renewal**

As a member of Mansfield Triathlon Club you agree to and are bound by the Club Rules & Regulations.

A copy of which can be viewed at <http://www.mansfieldtri.com/constitution>

Surname:……………………………………......... Forenames:……………………………………….………

D.O.B. (DD/MM/YY):…………………………….……….

Address:……………………………………………………………………………………………………………

……………………………………………………………… Postcode ...........................................................

Telephone:………………………………………… Mobile:……………………………………………..

Email: ……………………………………………………………………………………………………………….

Would you like to be a member of the Mansfield Tri Club Facebook page? YES / NO

Facebook username if over 13 years …………………………………………………………………………..

Parent/Guardian Facebook username if under 13……………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **Membership type** | **Date paid** | **Amount due** |
| **Existing adult/family/junior member** | Membership fee paid before 31st Dec | Annual fee minus £5 |
| **Existing adult/family/junior member** | Membership fee paid 1st Jan – 31st March | Annual fee |
| **All new members** | Membership fee paid 1st April – 30th Sept | Annual fee |
| **All new members** | Membership fee paid after 1st Oct includes membership for the following calendar year  | Annual fee |

Membership (please tick):

Individual - £25

Family - £30

Junior - £10

I hereby apply for membership to

Mansfield Triathlon Club.

Signed:…………………………………………………………. Date:…………………………………………

In case of emergency, please provide details of parent / guardian to be contacted:

Name………………………………………………….. Phone …………………………………………………

Name…………………………………………………... Phone………………………………………………….

Please list any medical conditions or medication you are taking that First Aid / Medical staff may need to know about.

………………………………………………………………………………………………………………………

Would you like the Club Secretary to forward to you any information sent to them by third parties regarding events/products/service? Yes / No

Preferred method of payment is BACS transfer: Sort code: 30-90-09 Account: 51031368

Ref: Quote membership and your surname. Date Bank Payment completed………………





**Photography Consent Form**

PHOTOGRAPHY CONSENT FORM TO BE COMPLETED BY THE LEGAL GUARDIAN OF YOUNG PERSON UNDER 18, AND THE YOUNG PERSON

**Activities:** Training Sessions organised by Mansfield Triathlon Club, and any other Club/sport events/competitions at any swim, cycle, run or other venue.

**Types of Photos**: Coaches, helpers, parents and guardians may take photographs and video during training sessions and at other events.

**Use of Photos / video**: Will be used by the Club, to promote the sport for young people, to promote the Junior Section and/or Club, or as training aids to assist in development of good coaching practice. Photographs and video may be used for the Club's websites, Facebook or other social network pages, in promotional activity, campaigns and in press releases which may subsequently be published.

Such material may also be used in other various publications, including the Association Handbook, Tri News, development or educational training resources, and any Annual Report or Club Award Evening presentations.

If you become aware that these images are being used inappropriately, you should inform the Club Welfare Officer immediately.

If at any time either the parent / carer or the young person wishes the data to be removed from the Club websites or other sites within the control of the Club, 7 days' notice must be given to the Club Welfare Officer after which the data will be removed.

**To be completed by parent / carer**

I …………………………………………………………………….(Print Parent/Carer full name)

consent / do not consent \* to Mansfield Triathlon Club photographing or videoing

………………………………………………………………………(Print Name of Young Person),

and I confirm I have legal parental responsibility for this child and am entitled to give this consent. I confirm that there are no restrictions related to taking photos.

Signature:……………………………………………………………………………. Date:……………

**To be completed by the young person (if 12 years or older)**

I …………………………………………………………………….(Print Young Person full name)

consent / do not consent \* to Mansfield Triathlon Club photographing or videoing my involvement in Triathlon. I confirm that there are no restrictions related to taking photos.

Signature:……………………………………………………………………………. Date:..…………

\* Delete as appropriate