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O.U.C.C.C. O.U.A.C.

Oxford University Athletic and Cross Country Club Membership Form 2011/12

Section 1 - Personal Details:

Name (Mr/Mrs/Ms) .....D.O.B.....
College.....Bod. Card No.....
Subject.....Male/Female
E-Mail Address.....
Mobile Number.....Home Number .....
Home Address.....
.....Postcode.....
Events/P.B.s.....

Emergency Contact Name:
Emergency Contact Telephone Number:

Any other personal information, which is of benefit to the Club:

…….....

Which mailing lists would you like to join? OUAC (athletics) / OUCCC (cross country) / Both

I am currently a member of England Athletics (EA) **(Yes/ No)**
If not you will need to join in order to compete (£5 to join)

Membership Category:	Annual membership	£37
(*Delete as appropriate*)	Annual membership plus EA registration	£42

Section 2: Declaration (please √ or × in the box as required)

☐ I understand that there is an element of risk involved with athletics/ cross country.
☐ **I have read the Risk Assessment, Codes of Conduct, and Constitution of OUAC/ OUCCC as displayed on the club webpage and I agree to abide by the clubs guidelines at all times.** Where qualified coaches are in place, I agree to follow the coaches' instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.
☐ I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.
☐ I agree to this form being kept indefinitely by OUAC/ OUCCC, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

Section 3: Medical Information (please √ or × in the box as required)

☐ 1. **I have 'No'** medical condition which will prevent me from taking part fully in my sport.
☐ 2. **I have** a Medical Condition which may limit/prevent full and safe participation in my sport.
☐ 3. **I agree** to bring medication (where required) to all club sessions.
☐ 4. **I will inform** my club President if the **circumstances change** in the course of the academic year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name:…… (Legal Guardian if under 18 years of age)

Signature:……Date:……...

OUAC/ OUCCC Committee Signature:……..Date:……..……

Please pidge completed form along with cheque made payable to OUAC to:
***Ben White** at **Christ Church** (Oxford, OX1 4DP)*