

DARTMOUTH AMATEUR ATHLETIC CLUB

Affiliated to: South of England AA; Devon County AA; Westward League; Sport South Hams;
Council for Voluntary Service



Headquarters: c/o Dartmouth Community College,
Milton Lane, Dartmouth,
Devon. TQ6 9HW

MEMBERSHIP APPLICATION FORM

Full Name (Block capitals): _____ Male / Female _____
Place of Birth: _____ Date of Birth: _____
Address (Block capitals): _____ Post Code: _____
Telephone number(s): _____

MEMBERSHIP of any other ATHLETIC CLUB(s) - if applicable

Are you changing your First Claim Club to Dartmouth AAC? **YES / NO** (If yes, also complete SEAA form)
Do you wish to become a Second Claim member to Dartmouth AAC? **YES / NO** (If yes, please give :

name of First Claim Club: _____ and
name(s) of any Second Claim Club(s): _____

SPECIAL DETAILS:

Any relevant information concerning you / your child's health or diet requiring special attention but which does not prevent you / your child from participating (e.g. diabetes, asthma etc.):

I consent to any emergency medical treatment required by myself / my child whilst under the supervision of Dartmouth Amateur Athletic Club.

I confirm that I am / my child is in good health and I consider myself / my child fit to participate.

APPLICATION FOR MEMBERSHIP

I hereby apply for full membership of Dartmouth Amateur Athletic Club and I understand my obligations under UK Athletics Rules. I agree to abide by the Constitution and Club Rules of Dartmouth Amateur Athletic Club, a copy of which I have read and retained for future reference. I am / my child is, as far as I am aware, fit to take part in strenuous activity.

Signed: _____ Date: _____
(Parent or Guardian to sign if under 18 years)

PROSPECTIVE MEMBERS PLEASE NOTE: IT IS IMPORTANT THAT YOU DO NOT ENTER ANY COMPETITIONS AS A DARTMOUTH AAC MEMBER, UNTIL THE DAAC MEMBERSHIP SECRETARY INFORMS YOU OF YOUR DATE OF ELECTION TO THE CLUB. THANK YOU.

FOR CLUB USE:

Membership: Accepted / not Accepted _____
Date of Election: _____