



GYDAC MEMBERSHIP APPLICATION FORM

Wellesley Recreation Ground, Wellesley Road, Gt Yarmouth, NR30 1EY

www.gydac.co.uk

Please complete the highlighted sections in **CAPITAL LETTERS** and return to the Membership Secretary at lisa.willeard.gydac@gmail.com or post to 2 Provan Crescent, Belton, Gt Yarmouth, Norfolk NR31 9LW

The preferred method of Payment is by Bank Transfer:

Account Name: Gt Yarmouth & District Athletics Club

Account Number: 00091426 Sort Code: 30-99-97

Cash or cheques (made payable to GYDAC) will also be accepted.

Surname	First name	Title	
Address			
Home tel		Mobile	
email		Date of Birth	
Email is used to circulate club and event information		Age on 31st Aug 2024	
First claim EA affiliated club if not GYDAC			
Contact name and telephone number in case of emergency			

Place a X in the type of GYDAC membership you require	Full Year April 2024 - March 2025		Half Year Oct 2024 – March 2025	
	GYDAC (under 11) Membership Minimum Age 8 – School year 4 does not include registration with England Athletics	£20		£10
GYDAC Membership including registration with England Athletics	£39		£29	
University Student Membership including registration with England Athletics	£19		£19	
Over 65s GYDAC Membership	£19		£19	
Second Claim Membership	£20		£10	
Volunteer / Honorary Membership	£0		£0	
UKA reg no (if Known)				

Declaration

I have read and understood the safety advice and agree to abide by the Club 'Code of Conduct' and the rules for competition as determined by UK Athletics. Details of which can be found at www.gydac.co.uk
I consent to my/my child's personal data provided above to be shared with the relevant club personnel for the purposes of the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose.

Athletes signature		Date	
*Parent / Guardian signature (child under 16)		Date	

MEDICAL INFORMATION		
Please detail below any important medical information that our leaders or coaches should be aware of. This will help us support you / your child during club activity. Place an X in the relevant box		
Any specific medical conditions? (e.g. epilepsy, asthma, diabetes, allergies, etc.)	No	Yes – please give details
Details of medication required (e.g. pills, inhaler, diabetes)		
Are there any health conditions that might prevent you / your child for taking part in training?	No	Yes – please give details
Do you / Does your child have any allergies?	No	Yes – please give details
ADDITIONAL SUPPORT		
Please detail below any additional support you may require.		
PHOTOGRAPHY & VIDEO CONSENT		
Great Yarmouth & District AC recognises the need to ensure the welfare and safety of all club members. We will not use photographs, video or other images of club members without consent. For children Under 16 consent must be provided by their parent or carer.		
Great Yarmouth & District AC will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club/Welfare Officer immediately.		
Yes	No	Place an X in the relevant box
		I give permission for my / my child's photo / video to be used by the club for display purposes.
		I give permission for my / my child's photo / video to be used on the club's social media pages.
		I give permission for my / my child's photo / video to be used within other printed publications.
		I give permission for my / my child's photo / video to be used for training or analysis purposes
		I give permission for my / my child's photo / video to be used on the club's website.