**Eynsham Roadrunners Membership Form**

| **SECTION A: MEMBER DETAILS** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | **Surname** |  |
| **Pronouns (a word that substitutes for your name). So, we know what to call you. For example, he/him, she/her,**  **they/them** | | | | |  |
| **Address** |  | | | | |
|  | | | **Postcode** | |  |
| **Telephone**  **(18 and over only)** |  | | **Mobile Number**  **(18 and over only)** | |  |
| **Date of Birth** |  | | **Email Address**  **(18 and over only)** | | **See Note below** |
| **County of Birth** |  | | **Preferred Events** | |  |
| **What is your sex?**  **\* Required for competition** |  | Female | | | |
|  | Male | | | |

| **SECTION B: PARENT/CARER DETAILS**  If you are under 18 years of age, please ask your parent/carer to complete the following: | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | **Surname** | |  |
| **Address** | **If different from above** | | | | | |
|  | | | **Postcode** | |  | |
| **Telephone** | |  | **Mobile Number** | |  | |
| **Email Address** | | **See note below** | | | | |

*Please note: This is a required field, so England Athletics can invite you to access your MyAthletics portal to complete the registration process with them. England Athletics will not market to you without your express consent.*

| **SECTION C: EMERGENCY CONTACT DETAILS**  Please insert the information below to indicate the persons who should be contacted in event of an incident/accident. | | | | |
| --- | --- | --- | --- | --- |
| 1, Emergency contact | Name: |  | | |
| Contact number(s) |  | Relationship: |  | |
|  | | | | |
| 2. Emergency contact | Name: |  | | |
| Contact number (s) |  | Relationship: | |  |

| **SECTION D: MEDICAL INFORMATION**  Please detail below any important medical information that our leaders or coaches should be aware of. This will help us support you during club activity. | | |
| --- | --- | --- |
| 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 they have any allergies? | No  ☐ | Yes – please give details  ☐ |

| **SECTION E: ADDITIONAL SUPPORT**  Please detail below any additional support you may require. If you are disabled, please include any relevant information here: |
| --- |
|  |

☐ I consent to my/my child’s personal data provided in sections C, D and E 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.

| **SECTION F: PHOTOGRAPHY & VIDEO CONSENT** | |
| --- | --- |
| Eynsham Roadrunners recognises the need to ensure the welfare and safety of all club members We will not permit photographs, video or other images of club members without consent. For children Under 18 consent must be provided by their parent or carer.  Eynsham Roadrunners 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.  PLEASE COMPLETE THE FOLLOWING BY DELETING THE APPROPRIATE REPLY  YES / NO I give permission for my/my young athlete photograph/Video to be used within the club for display purposes.  YES / NO I give permission for my/my young athlete photograph/Video to be used within other printed publications.  YES / NO I give permission for my/my young athlete photograph/Video to be used on the club’s website.  YES / NO I give permission for my/my young athlete photograph/Video to be used on the club’s social media pages.  YES / NO I give permission my/my young athlete photograph/video of me to be used for training or analysis purposes | |
| Signature: |  |
| Print Name: |  |
| Date: |  |

| **SECTION G: CLUB PRIVACY STATEMENT & COMMUNICATION PREFERENCES** |
| --- |
| Eynsham Roadrunners take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.  Please read the full privacy notice carefully to see how we will treat the personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent any unauthorised access.  ☐ I confirm that I have read and understood the privacy notice and how data will be used and shared  ☐I would like to receive Information via email from the Club about specially selected products and services available from commercial sponsors and partners  In addition to email I am happy to receive communications via: SMS      ☐       Post ☐ |
| SECTION H: TRANSFER SHARING WITH ENGLAND ATHLETICS |
| When you become a member of or renew your membership with Eynsham Roadrunners you can also choose to be registered as a member of England Athletics (you will have to register with England Athletics if you ever compete for the club in competition Under UKA Rules). If you tick the box below we will provide England Athletics with your personal data which they will use to enable access to an online portal for you (called myAthletics). England Athletics will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact dataprotection@englandathletics.org.  If you do not tick the box below and then decide to compete for the club, we will need to register you with England Athletics and we will inform you at that time.  ☐ I want to join England Athletics ☐I don’t want to join England Athletics at this time |

| **SECTION I: VOLUNTEERING** | |
| --- | --- |
| Our club is run by volunteers, and we are always looking for new people to come and support club activity. We provide training and support for all new volunteers. If you are interested in volunteering at our club, please let us know by completing the information below and our volunteer coordinator will be in touch about next steps.  Are you interested in volunteering at our club ☐ Yes ☐ No  Do any of the roles interest you? (edit as required) | |
| ☐Coaching  ☐Officiating  ☐Team Manager  ☐Events & Competition  ☐Treasurer  ☐Welfare Officer  What do you do for a day job?  Any skills you wish to share with us? | ☐Club Committee  ☐General helper  ☐Marketing & Communications  ☐Digital  ☐Unsure but want to do something |

| **SECTION J: DECLARATION** | |
| --- | --- |
| By completing this form, I confirm that I have read and agree to abide by the following;   * The club’s constitution * The Code of Conduct for parents/carers, senior athletes or children and young people   For parents/Carer only:   * I confirm that my child is aware of the code of conduct for children and young athletes and its anti-bullying policy. | |
| Signature: |  |
| Print Name: |  |
| Date: |  |

| **SECTION K: DIVERSITY INFORMATION (over 16s only)** |
| --- |
| When you join our club we ask some extra questions about you. We ask questions to collect overall statistical information– not to pinpoint individuals. It helps us understand who is, and isn’t, joining our club so we can take positive action to make our club more diverse and inclusive. There are strict laws to make sure your information is stored safely and responsibly. This information is stored separately to your personal information in sections A – J. Your answers are confidential. By learning more about the people in our club, we can tailor what we do to meet your needs. |

| **What is your ethnic group?** | | **White** | | | **Mixed / multiple ethnic groups** | |
| --- | --- | --- | --- | --- | --- | --- |
|  | English / Welsh / Scottish / Northern Irish / British | |  | White and Black Caribbean |
|  | Irish | |  | White and Black African |
|  | Gypsy or Irish Traveller | |  | White and Asian |
|  | Roma | |  | Any other Mixed/multiple ethnic background (Please state): |
|  | Polish | |  | Any other White Background (Please state): |
| **Asian / Asian British** | | | **Black / African / Caribbean / Black British** | |
|  | Indian | |  | African |
|  | Pakistani | |  | Caribbean |
|  | Bangladeshi | |  | Any other Black / African . Caribbean/Black British background  (Please state) : |
|  | Chinese | |
|  | Any other Asian background (Please state) | |
| **Other Ethnic Group** | | | | |
|  | Arab | |  | |
|  | Any other ethnic group (Please state) : | | | |
|  | Prefer not to say | | | |
| **What best describes your gender/sex?** | |  | Female | | | |
|  | Male | | | |
|  | Non-Binary | | | |
|  | Prefer to self-describe (please state) | | | |
|  | Prefer not to say | | | |
| **Which of the following best describes your sexual orientation? Only answer if aged 18+** | |  | Bisexual | | | |
|  | Gay or lesbian | | | |
|  | Heterosexual/straight | | | |
|  | Prefer to self-describe (please state): | | | |
|  | Prefer not to say | | | |
| **Do you have any long-term health conditions, impairments or illnesses that have a substantial effect on your ability to do normal daily activities?**  **This could include, for example, physical, sensory, learning, social, behavioural or mental health conditions or impairments. Long-term means that they have lasted, or are expected to last, 12 months or more.** | | | | | | |
|  | Yes | | | | | |
|  | No | | | | | |
|  | Don’t Know | | | | | |
|  | Prefer not to say | | | | | |
| **If yes- Do these health conditions, impairments or illnesses affect you in any of the following areas?**  **Please select all that apply** | | | | | | |
| * Breathing or stamina ☐ * Chronic health condition (for example, but not limited to, diabetes, coronary heart disease, stroke, epilepsy and hypertension) ☐ * Dexterity (for example lifting and carrying objects, using a keyboard) * Hearing (for example deafness or partial hearing) ☐ * Learning or understanding or concentrating ☐ * Long term pain ☐ * Memory ☐ | | | | * Mental Health ☐ * Mobility (for example walking short distances or climbing stairs) ☐ * Social, behavioural or neurodiversity (for example, but not limited to, associated with autism, attention deficit disorder or Asperger's syndrome) ☐ * Speech or making yourself understood ☐ * Vision (for example blindness or partial sight loss) ☐ * Don’t know ☐ * Prefer not to say ☐ * Other (please specify) ☐ | | |
| **Consent** | | | | | | |
| ☐ I consent to the processing of my special category personal data provided in section J for the purpose of anonymous reporting | | | | | | |