

Calder Valley Fell Runners Club - Junior Section Membership Form

The Junior Section of Calder Valley Fell Runners Club has been established to provide local young people of all backgrounds and levels of achievement with a happy and rewarding sporting experience in a caring, safe environment. It is hoped that this will enable each young person to realise their potential and encourage them to develop the knowledge, skills and motivation to pursue a successful sporting career and lead a happy, healthy life.

Our coaching style is informed by three simple principles:

- * **Children come first – winning comes second.**
- * **Sport should be fun.**
- * **Remember to reward effort as well as achievement.**



Calder Valley Fell Runners - Equality Statement

CVFR aims to ensure that all people, irrespective of age, gender, disability, race, ethnic origin, creed, colour or sexual orientation have a genuine and equal opportunity to participate in athletics at all levels and in all roles. That is as a participant, coach, administrator or official.

I wish to apply for membership of the Junior Section of the Calder Valley Fell Runners and agree to abide by all the rules of the club, North England Athletic Association and the Fell Runners Association.

Juniors Signature:

Date:

YOUR CHILDS DETAILS

Full Name:

Date of Birth:

Place of Birth:

Address:

Is your child a member of any other athletic club?

Yes/No
If Yes what club is it?

Please Note: When the coach feel it's the right time or when your child is old enough they can progress to the senior sessions but only if they run for CVFR as a first claim member on the fells.

School Year:

School:

MEDICAL INFORMATION

Does your child have any specific medical conditions requiring treatment and/or medication?

Yes/No

If yes, please give details:

Does your child have any allergies?

Yes/No

If yes, please give details:

Does your child take any medication for asthma?

Yes/No

If yes, please give details:

There's more very important information that we need from you overleaf.

MEDICAL INFORMATION continued

Is there any other medical information concerning your child that may be relevant to their participation?

Please ensure that your child has any medication they need with them or has taken it prior to session

It may be essential at some time for the Club Coach or Team Manager accompanying your child to have the necessary authority to obtain any urgent treatment which may be required whilst at Club representative competition or training. Would you therefore please complete the details on this form and sign below.

I _____ being the parent/guardian of the named child hereby give permission for the Club Coach or Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

YOUR CONSENT/PERMISSIONS

Please ✓ as appropriate

I DO give permission for my child's photograph to be used on the JUNIOR CVFR website or for other promotional purposes related to CVFR Juniors only.

I DO NOT give permission for my child's photograph to be used on the JUNIOR CVFR website or for other promotional purposes related to CVFR Juniors only.

I also agree that the data contained within this application form may be stored in electronic form and made available to officials of CVFR, and that my child's name, address, phone number and e-mail address may be included on the list and circulated to all members of CVFR.

I confirm that I have received details of the activities of CVFR Junior Section and consent to my child taking part in the visits and activities indicated. I acknowledge that CVFR will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care for my child during the activities.

I understand that the club coaches and helpers have a common law duty to act in the capacity of a reasonably prudent parent.

Signature:

Date:

Please print your name:

Relationship to the junior:

Address: (if different from overleaf)

Email Address:

Mobile No:

Tel No:

We need to have an alternative contact name and tel number in case of any emergencies.

Name:

Tel/Mobile No.:

Relationship to the junior:

All potential new members will spend a 4 week trial period with CVFR after which full membership will be available providing that both the junior member & the coaches are happy. This trial will assess suitability to become a member & will focus on ability and attitude. We expect that high standards of behaviour & a positive attitude to running will be maintained by ALL our junior members. Whilst our voluntary coaches & helpers can manage challenging behaviour it is not our role to do so & any member continuing to behave inappropriately in such a way as to affect the enjoyment of others following this behaviour being addressed WILL be asked to leave the club.

GDPR STATEMENT : I consent to my child's name and race results appearing in club communications, including club website, facebook/twitter and newspaper reports and I consent to my child's name, date of birth, address and contact details being held by the club secretary and statistician on their computer.