**Bromsgrove & Redditch Athletic Club**

**Request form for juniors aged at least 9 ½ years to be placed on the Club’s waiting list to become a member**

Thank you for your enquiry. B&RAC has always had a long waiting list of juniors wishing to join at Abbey Stadium, Redditch and also Ryland Centre, Bromsgrove. We continually look at ways to accommodate new juniors but I regret that it is not possible to say when your child will be invited to join.

***IMPORTANT:*** *B&RAC is a competitive Club and enters teams in leagues for track & field and cross country; on cross country championships; in road relays; and Sports Hall. If therefore your child is invited to join us, membership will be on the understanding that he/she will compete for the Club irrespective of their ability and subject to fitness. Failure to compete may result in membership being withdrawn (see Club website for more details).*

Len Quartly (Chairman)

**(This form may be printed and completed by hand, OR can be downloaded & completed electronically and returned via email)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of junior:** |  | **D.O.B.** |  |

|  |  |
| --- | --- |
| **Name of parent/guardian:** |  |

|  |  |
| --- | --- |
| **Contact telephone no for parent/guardian:** |  |
| **Email address for parent/guardian:** |  |

|  |
| --- |
| **Please detail any verifiable athletic performances (time/distance/height/where/when) achieved by the junior:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

**Please mark the appropriate boxes. *(To complete electronically, please simply CLICK the box to mark it).***

|  |  |  |
| --- | --- | --- |
| **Which training centre is the junior wishing to join?**  | **Abbey Stadium, Redditch** [ ]  | **Ryland Centre, Bromsgrove** [ ]  |
| **Does the junior have any siblings in the Club?** | **Yes** [ ]  | **No** [ ]  | **If YES, who?** |  |
| **Is the parent/guardian a Club Member?** | **Yes** [ ]  | **No** [ ]  |
| **Is the parent/guardian able to help/coach juniors?** | **Yes** [ ]  | **No** [ ]  |
| **Is the parent/guardian able to help in any other capacity?** | **Yes** [ ]  | **No** [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person completing the form** |  | **Date of Request** |  |
| **Signed (if NOT completing form electronically)** |  |

**Please return the completed form to:** **chairmanbrac@hotmail.com** **or post to:** Len Quartly, 70 Illshaw Close, Winyates Green, Redditch. B98 0QZ. **(**01527 501580).

July 2016