



2018 Member Registration Form

Members of GoLift Weightlifting Club are required to complete this registration form and return it with payment. All details will be kept in a secure database with access restricted to authorized club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Delete as appropriate)
FULL NAME	
ADDRESS 1	
ADDRESS 2	
TOWN	
COUNTY	
POST CODE	
DATE OF BIRTH	
HOME PHONE	
MOBILE	
EMAIL	

SECTION 2: MEMBERSHIP TYPE

Please circle the appropriate box below

MEMBERSHIP TYPE	DESCRIPTION	Price
SENIOR	Born in 1997 or before	£70
JUNIOR	Born between 1998-2001	£60
YOUTH	Born in 2002 or later	£35

GoLift Weightlifting Club membership includes affiliation to British Weightlifting and Northern Ireland Weightlifting.

SECTION 3: MEMBER INFORMATION

Information in this section is optional and will be used for club development purposes only

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
Would you be interested in learning to coach and or referee? (Please state)
Would you be interested in being a club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, sponsorship, etc)

SECTION 4: MEDICAL INFORMATION & CONSENT***

***(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the clubs responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorized club officers only.

NEXT OF KIN		RELATIONSHIP	
CONTACT DETAILS		NEXT OF KIN PHONE NUMBER	
DOCTORS NAME		DOCTORS PHONE NUMBER	
As far as you are aware, are you allergic to any drugs? (Please state)			
Are you taking any regular medication? If so, for what reason?			
Do you have any long-term illnesses or injuries?			
Has a medical practitioner or physiotherapist ever advised you not to lift heavy weights or take part in physical sports activity?***			
***If yes, please provide a Doctor's letter to confirm it is now safe for you to partake in this sport			
Declaration: I consider myself (my son/daughter)* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for club coaches to obtain emergency medical treatment on my behalf.			
SIGNED		DATE	
			RELATIONSHIP (if under 18)

SECTION 5: UNDER 18 MEMBER CONSENT

(*TO BE COMPLETED BY PARENT/GUARDIAN***)**

TRANSPORTATION: I consent to my son/daughter* travelling to venues for competition and training by transport provided by the club which may include travelling in other members private cars.

PHOTOGRAPHY: In some environments, particularly adult competition it is impossible to control photography by external parties, however, I am aware that there maybe times that photographs and/or video footage maybe taken during competitions and training sessions by approved agents and/or officers of weightlifting clubs. Such images shall only be used for publicity/training purposes and I give consent for my son/ daughter to feature in such photos/videos. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes ie; local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website/Facebook/Instagram/YouTube page.

SIGNED		DATE		RELATIONSHIP (if under 18)	
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SECTION 6: CODE OF ETHICS AND CONDUCT

All GoLift Weightlifting Club members must read the British Weightlifting's Code of Ethics and Conduct policy and understand the principles and responsibilities outlined within. The policy can be found at <http://britishweightlifting.org/wp-content/uploads/2014/10/Code-of-Conduct.pdf> or a hard copy can be located within the gym.

"I have read and understood the British Weight Lifting's Code of Ethics and Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the Code"

SIGNED		DATE	
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RETURN ALL FORMS WITH PAYMENT TO THE FOLLOWING ADDRESS:

ROBERTA STEWART. 69 KINGSMOSS ROAD, NEWTOWNABBEY, BELFAST. BT36 4TN

FOR OFFICIAL USE ONLY

DATE PAYMENT RECEIVED:

BWL MEMBERSHIP NUMBER:

NIW MEMBERSHIP NUMBER: