

~ Perth Strathtay Harriers ~  
**Membership Application**

Details of Perth Strathtay Harriers annual membership, for the period October to October is outlined below. As a club we are governed by the rules and regulations of Scottish Athletics.

	<b>October</b>	<b>April</b>
<b>6 - 8 age group:</b> .....	<b>£10</b>	<b>£5</b>
<b>Under 11 age group:</b> .....	<b>£20</b>	<b>£15</b>
<b>Over 11's:</b> .....	<b>£30</b>	<b>£25</b>
<b>Rejoining Members pay the October price all year</b>		
<b>Date used for determining Age Groups is 31 August 2010</b>		

A special **10%** discount is available to parents of more than one Under 11 and/or Under17 athlete. (for 3 or more athletes the discount increases to **25%**). This discount only applies when **the total** membership is paid. (E.G. 1 x U11 & 1 x Over 11 = £50 - 10% = £45.00 / 2 x U11& 1 x Over 11 = £70 – 25% = £52.50 - full details available from the Secretary)

No discount is available for Senior age group athletes.

For competition, athletes require a club vest.

Athletes/parents/guardians please note that under Scottish Athletics regulations all athletes must adhere to dope testing requests.

It would help our coaching staff to know of any medical condition specific to an athlete that might affect athletic training/competition (this information will be treated as confidential and only shared with club officials who need to know.)

**In order to compete for Perth Strathtay Harriers, athletes must be current members of Scottish Athletics Ltd.**

**Scottish Athletics Ltd  
Caledonia House  
Redheughs Rigg  
South Gyle  
Edinburgh  
EH12 9DQ  
0131 539 7320  
[www.scottishathletics.org.uk](http://www.scottishathletics.org.uk)**

Ian Leitch  
*Secretary*

# Application for Membership - Perth Strathtay Harriers

**Name** ..... **Date of Birth** .....

**Address** .....

..... **Post Code** .....

**Membership Fee** ..... **Telephone Number** .....  
(Cheques should be made payable to: **Perth Strathtay Harriers**)

**Email** .....  
(Only given to Club Officials for the sending of club newsletters or important information such as AGM dates etc.)

**Medical Information** Please give details of any medical conditions/allergies which the club should be aware of (this information will be treated as confidential and only shared with club officials who need to know)

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Routine Doping Control: for all athletes under 16 years of age in the year of competition -  
Signature of a Parent or Guardian is required for standard doping control if selected.

**Signed** ..... **Date** .....

I agree to my son/daughter/ward participating in doping control procedures if selected and providing a sample under observation for analysis at an accredited Laboratory. I understand that failure to submit to doping control may result in suspension.

**In order to compete for Perth Strathtay Harriers, athletes must be current members of Scottish Athletics Ltd. (Full details/forms are available from any management committee member.)**

Please tick the box if you **do not wish** photographic/video images of yourself / your child to be taken at any PSH controlled event –

Please hand in completed forms to your coach or send to membership secretary at

**Stuart Wyllie**  
**41 Kinloch Terrace**  
**Perth**  
**PH1 2HB**

**Official Use:**

**Membership Number:** \_\_\_\_\_

**Age Group:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_