



CLAREMONT ROAD RUNNERS & AC

MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE DETAILS IN BLOCK CAPITALS AND RETURN FORM TO
THE MEMBERSHIP SECRETARY



SECTION A: ATHLETE DETAILS					
Title (Mr,Mrs,Miss,Ms,Dr,Other)		Forename		Surname	
Date of Birth (dd/mm/yyyy)		M/F		Ethnicity	
Address					
Town		County		Post Code	
County of Birth			Country of Birth		
Phone (Home)		Phone (Work)		Phone (Mobile)	
Email (Home)					
Email (Daytime)					
Are you a current member of any other sports club?					
If yes, please state which club(s) and which sport(s)					
Are you a former member of any running club?					
If yes, please state which club and date of resignation					
SECTION B: MEDICAL INFORMATION					
Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.). PLEASE DO NOT LEAVE BLANK – if there is no information, please write 'NONE'.					
<p>DO YOU HAVE A PHYSICAL OR MENTAL DISABILITY ?</p> <p>If so please talk to the Welfare Officer to make sure that you get the appropriate support to ensure that you get the best out of your running</p>					

SECTION C: EMERGENCY CONTACT DETAILS

Emergency Contact One: Name	
Contact Number	
Emergency Contact Two: Name	
Contact Number	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel.

Signature	
Print Name	

SECTION D: ATHLETE AGREEMENT

By returning this completed form, I affirm that I will abide by the club code of conduct for athletes and agree to always behave in a manner befitting a Claremont Road Runner when attending club events.

- Also: -
- I accept that my personal data will be held on computer by the Club and will only be used for club-related activities and will not otherwise be sold or passed on to any third party. I agree to the disclosure of my personal data in a list of members and to the North of England A.A.
 - I permit the use of club-related photographs of myself to be used in the CRR web site and other on-line accounts and acknowledge that any such image displayed can be removed by request.
 - I am interested in helping out in some capacity (e.g. coaching, training, sponsorship, social, administration).

Please specify: _____

Signature	
Print Name	
Date	

FURTHER INFORMATION

Membership year runs from the 1st January

You will automatically be registered with England Athletics once you have been elected to the club and your subscription has been paid.

Membership annual subscriptions: Full £40.00 Unwaged /Full Time Student £30.00

Please make cheques payable to : 'Claremont Road Runners & AC'
or via BACS (Lloyds / sort code: 30-93-71 / account: 01588546 / Ref: your name, 'subs'

Cheque enclosed
Payment by BACS