



Membership Secretary:
 Phill Wilson
 31, Fielding Road,
 Birstall
 Leicester LE4 3AF
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 Email pt.wilson64@gmail.com



ADULT MEMBERSHIP FORM– 2011-12

Membership is open to all groups of the community

Names (Please Print)	Date of Birth	Date you joined club (MM/YY)	Email Address –please write in BLOCK CAPITALS for clarity																1 st or 2 nd Claim	
1																				
2*																				
3*																				
4*																				

* Additional Adult Membership

Address.....

.....

..... Post Code..... Home Phone No.....

Mobile Phone No/s.....

.....

Please indicate any data you wish to remain confidential.

ADULT MEMBERSHIP/REGISTRATION FEES	£	Official Use Only
Each Adult Runner @ £20.00*		
Each additional Adult Runner (sharing newsletter) @ £18.00*		
Each 2 nd Claim Runner (assuming affiliated to EA with 1 st Claim Club) @ £15.00		
Each Associate (Non Runner) Member @ £10.00		
£ TOTAL		

* £5.00 of this is for Affiliation Fees to England Athletics (EA)

Please accept my/our application for Wreake Runners membership. I/we agree to abide by the rules of the Club and agree that neither the Club nor any of its officers shall be responsible for any claim relating to accident, injury, damage, or loss sustained by me/us during any Club activity,

Signed:..... Date:.....

Please tick box if you **DO NOT** wish photographs or information to be used on the internet or other media

NOTE: Parents/guardians of members under 16 years of age are required to complete one **junior membership/registration form** per junior member.

P.T.O

YOUR PERSONAL BESTS (Please take the time to complete – will be used for PB listings)

NAME	BEST EVER				BEST IN YOUR PRESENT VETERAN AGE GROUP**			
	10k	10 Miles	½ Mara	Full Mara	10k	10 Miles	½ Mara	Full Mara
1								
2*								
3*								
4*								

**** Vet Groups 40-49, 50-59, 60-69 and over 70**

MEDICAL INFORMATION

Please detail below any important medical information or disabilities that our coaches/ coordinators should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Name	Condition/Details

EMERGENCY CONTACT DETAILS

Please indicate person(s) who should be contacted in case of an accident/incident:

Contact Name:.....

Emergency Contact Number.....

Please return form and monies to Lyndsey or Phill Wilson ASAP

Thank you