

Membership Secretary: Lyndsey Wilson 31 Fielding Road Birstall Leicester LE4 3AF Email lyndsey@wreakerunners.co.uk Why not register online!
wreakerunners.co.uk

## **ADULT MEMBERSHIP FORM – 2016/17**

(For the year Dec  $1^{st}$  – Nov  $30^{th}$ )

## Membership is open to all groups of the community

Names (Please Print)	Date of Birth	Date you joined club (MM/YY)	Lesson Address sisses with in						for	for clarity				
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If already affiliated to En	aland Athletics wi	Each A									_			
If already affiliated to En			•								$\dashv$			
	Each Assoc	iate (Non Run	ner) we	emb	er (			_			$\dashv$			
						10	ATC	L						
Please accept my/our applic that neither the Club nor any sustained by me/us during a	ation for Wreake Rur of its officers shall b	e responsible fo	ip. I/we r any cla	e agre	ee to	abi	ide b	y the	rule					
Signed:		Date												
Please tick box if you <b>DO NOT</b>	wish photographs or in	formation to be us	sed on th	e inte	ernet	or o	ther	media	а 🗍					

<b>NB</b> If you are, or have be	en, a member of another	club and previously registered with England					
Athletics, please supply	he club name						
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						
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EMERGENCY CONTACT DETAILS							
Please indicate person/s who should be contacted in case of an accident / incident :-							
Contact Name/s							
Emergency Contact Number/s							
Please return form and payment to Lyndsey Wilson ASAP							
Please make cheques payable to Wreake Runners							
If at all possible, we would prefer payment by Bank Transfer to Wreake Runners, Sort Code: 20-52-69, Acc. No.: 10001007 and would ask you to supply the following:-							
Date of Transfer	Amount	Reference used (suggest Surname and Initial of member)					