 Membership Secretary:

 Lyndsey Wilson

**Why not
register online !**

 **wreakerunners.co.uk**

 31 Fielding Road

 Birstall

 Leicester LE4 3AF

 Email lyndsey@wreakerunners.co.uk

# ADULT MEMBERSHIP FORM – 2017/18

# (For the year Dec 1st – Nov 30th)

# Membership is open to all groups of the community

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names**(Please Print) | **Date of Birth** | **Date you joined club (MM/YY)** | **Email Address** – please write in  **BLOCK CAPITALS** for clarity | 1st or2nd Claim |
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| 2\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 *\* Additional Adult Membership*

## **Address..……………………..………………………………….**

 **……………………..……………………………………**

 **………………….……… Post Code ……………… Home Phone No……………………….……..….**

**Mobile Phone No/s……………………..….……
 ………………………….**

*Please indicate any information you wish to remain confidential.*

|  |  |  |
| --- | --- | --- |
| ADULT MEMBERSHIP/REGISTRATION FEES | **£** | Official Use Only |
|  **Each Adult** **Runner @ £35.00\*** |  |  |
| **If already** **affiliated to England Athletics with another club (see over)** **@ £20.00**  |  |
| **Each Associate (Non Runner) Member @ £10.00**  |  |
| **TOTAL**  |  |

**\* £15.00 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. ***NOTE****:* Adult means over 18 years of age.

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

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

 P.T.O

**NB** If you are, or have been, a member of another club and previously registered with England

Athletics, please supply the 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 |
|  |  |
|  |  |
|  |  |

**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)** |
|  |  |  |

 **Thank you**