

INTRODUCTORY ADULT MEMBERSHIP FORM 2023/24

Membership is open to all groups of the community

NAME (Please print in BLOCK CAPITALS and use both rows if needed)	DATE OF BIRTH (DD/MM/YY)	DATE	EMAIL ADDRESS (Please write in BLOCK CAPITALS and continue over all 3 rows if needed)													
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ADDRESS			•••••	•••••	••••	••••	••••	•••••	•••••	•••••	••••	••••	•••••	••••	••••	•••••
Post Code		Contact	 Pho	ne l	No.	•••••	•••••				•••••	•••••		•••••	•••••	

MEDICAL INFORMATION Please inform any important medical information or disabilities that our coaches / run leaders / coordinators should be aware of (e.g. epilepsy, asthma, diabetes etc.) before any club night / running event. Please tick box

EMERGENCY CONTACT DETAILS

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

Contact Name/s	Emergency Contact No/s
Any information given will not be shared w	with any outside organisation, except for England Athletics for affiliation purposes, and when
necessary any governing bodies, race organ	isations/leagues for entering or producing/storing results. Your data will be shared within the
club for planning/organising/training/racing	and social events. Information held by the club may be kept for up to 2 years after a member

club for planning/organising/training/racing and social events. Information held by the club may be kept for up to 2 years after a men has resigned from the club

Please accept my application for temporary Wreake Runners membership (up to 4 weeks from the date below). I 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 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 o	other media

Please return form to Lyndsey Wilson