



# INTRODUCTORY ADULT MEMBERSHIP FORM 2026/2027

**Membership Secretary:**

Lyndsey Wilson  
Lyndseyw@hotmail.com

*Membership is open to all groups of the community*

NAME <small>Please print in BLOCK CAPITALS and use both rows if needed</small>	DATE OF BIRTH <small>(DD/MM/YY)</small>	DATE <small>(MM/YY)</small>	EMAIL ADDRESS <small>Please print in BLOCK CAPITALS and use all rows if needed</small>

**ADDRESS**.....

**Post Code**..... **Contact Phone 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 tickbox

**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 with any outside organisation, except for England Athletics for affiliation purposes, and when necessary any governing bodies, race organisations/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 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 other media

**Please return form to Lyndsey Wilson**