

CLAREMONT ROAD RUNNERS & AC

MEMBERSHIP APPLICATION FORM





SECTION A: ATHLETE DETAILS								
Title	Forename		Surname					
Date of Birth (c	Sex							
Address								
Town			Post Code					
Phone			Email					
Are you a former member of any EA-affiliated running club?				·				
If yes, please state which club and date of resignation								
SECTION B: MEDICAL INFORMATION								
Please detail below any medical condition that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.). DO NOT LEAVE BLANK – Please write 'NONE' if there if you have no conditions.								
DO NOT LEAVE DEATH - FICASE WITE NOTE II CHEFE II YOU HAVE NO CONGLICUIS.								
SECTION C: EMERGENCY CONTACT DETAILS								
Emergency Contact One: Name								
Contact Number								
Emergency Contact Two: Name								
Contact Number								
SECTION D: ATHLETE AGREEMENT								
 By returning this completed form, I affirm that I will treat all other club members with respect and agree to behave in a manner befitting a Claremont Road Runner when attending club events. allow my personal data to be held by the Club. It will only be used for club-related activities and not be sold or passed on to any third parties. agree to the disclosure of my personal data in a list of members held by the club and shared with England Athletics permit the use of club-related photographs of myself to be used in the CRR web site and other on-line accounts. I understand that any such image displayed can be removed by request. consent that authorised persons acting on behalf of the club have the authority to obtain urgent medical treatment which may be required whilst at representative club competition or training. 								
Signature			Dat	e				
Print Name								
FURTHER INFORMATION								
Membership year runs from the 1 st January. You will be registered with England Athletics once you have been elected to the club and your subscription has been paid.								
Please make cheques payable to: 'Claremont Road Runners & AC' or pay via BACS (Lloyds / sort code: 30-93-71 / account: 01588546 / Ref: your name, 'subs' Payment by BACS □								
As part of your membership, you receive a club vest. Please indicate the size that you would like: Ladies: Size 8 Size 10 Size 12 Men: XS Small Medium Large XL								