

# ILFRACOMBE RUNNING CLUB MEMBERSHIP FORM 2018-2019

## Personal information:

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_

Is this your first claim club? **Yes/No**

If no who is: \_\_\_\_\_

Affiliation URN (if applicable): \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Medical Information:

Please supply any medications or medical conditions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment Details:

Club membership only (non competitive) **£20 (£10 Half year)** /

Club membership and vest (competitive) **£25 (£15 Half year)** (delete as appropriate)

**Full year membership July-July / Half year membership January-July**

Paid Cash/Cheque (Cheques made payable to Ilfracombe Running Club)

Date:

To:

Vest Size (if applicable): **S/M/L/XL**

## Disclosure:

I hereby certify that the information given is correct. I am medically fit to run and that I run for Ilfracombe Running Club entirely at my own risk, and they are not accountable for any loss, accident, damage or injury incurred whilst participating in any events or training.

**Signed:** \_\_\_\_\_