

ILFRACOMBE RUNNING CLUB MEMBERSHIP FORM 2017-18

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: _____