

MABLETHORPE JUNIOR RUNNING CLUB
APPLICATION FORM FOR MEMBERSHIP

SURNAME.....

CHRISTIAN NAME(S).....

ADDRESS.....

.....

.....POSTCODE.....

TELEPHONE.....DATE OF BIRTH.....

EMERGENCY CONTACT NUMBER.....

MEDICAL INFORMATION eg. asthma, epilepsy.....

ANY OTHER INFORMATION THE CLUB SHOULD BE AWARE OF.....

.....

I wish to apply for membership of Mablethorpe Running Club and hereby agree to abide by the rules of the club Northern Athletics.

I declare that the club shall not be liable for accident, injury or damage as a consequence of my membership in Mablethorpe Running Club. I also declare I am medically fit to take part in running.

I confirm that my son/daughter is medically fit to participate in running and will abide by the rules of the running club

PARENT/GUARDIAN SIGNATURE

SIGNED.....DATE.....

*Do you give your consent for the taking of photographs for publicity and general purposes to promote the club YES NO

SUBSCRIPTIONS

The annual subscription will be £10 per year, which will run from 1 May 2007 to 30 April 2008.

All cheques payable to Mablethorpe Running Club