



MEMBERSHIP FORM 2017/18

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN WITH YOUR SUBSCRIPTION BY 30TH JUNE 2017



Welcome to Swaledale Runners. We are an athletic club open to athletes of any ability from 18 years of age. To ensure we have the correct contact details for you, please fill out this form and return to the club with your payment

Section A: Athlete's Details

First Name		Surname	
Address			
		Postcode	
Telephone		Mobile Number	
Date of Birth (DD/MM/YY)		Email Address	
Are you a member of any other sports club? (If yes, please state which club and which sport)			
County of Birth		Preferred Events	

Section B: Payment

Payment method	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> BACS <input type="checkbox"/> Your subscription for 2017/18 is £26 (full member) Social member £12 (EA unaffiliated)
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If you wish to pay by cash or cheque please either leave the form and payment with any committee member or post the form with payment to: SR Membership Sec., 12 Mill Rise, Northallerton, North Yorkshire, DL6 1BE.

If you wish to pay your membership subscriptions by BACS please use the following bank details to enable payment using this method. Account Number: 83243281 Sort Code: 20 25 29 Account name: Swaledale Runners Payment Reference: Subs (then your name).

However, if paying using BACS, we still require you to complete this form in full to ensure both Swaledale Runners and England Athletics have your most up to date details. Please e-mail the form to memsec@swaledalerunners.co.uk.

Section C: Medical Information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

Section D: Disability Information

Do you consider yourself to have a disability? **YES** **NO** If 'YES' what is the nature of your disability?

Visual Impairment		Hearing Impairment	
Physical Disability		Learning Disability	
Multiple Disability		Other (please specify)	

Section E: Emergency Contact Details

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One Name	
Emergency Contact One Number:	
Emergency Contact Two Name	
Emergency Contact Two Number:	

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel

Signature	
Print Name	

Section F: Photographs

Authorised photographs may be used by the club to take pictures of members taking parts in events for publicity and promotional purposes such as the club newsletter, the website or local newspapers. Do you agree to your photograph being taken for such purposes?

YES **NO**

Section G: Athlete Agreement

By returning this completed form, I am willing to abide by the club code of conduct for members and agree to always behave in the manner befitting a Swaledale Runners Athlete, when attending club events.

Signature		Date	
Print Name		Database updated (for official use only)	

The information provided on this form will be stored securely in an electronic format and will only be shared with appropriate elected club officials and England Athletics.