



# CLAREMONT ROAD RUNNERS & AC

## MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE DETAILS IN BLOCK CAPITALS AND RETURN FORM TO  
THE MEMBERSHIP SECRETARY



SECTION A: ATHLETE DETAILS			
Title		Forename	Surname
Date of Birth (dd/mm/yyyy)			Gender
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.			
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			
1. will treat all other club members with respect and agree to behave in a manner befitting a Claremont Road Runner when attending club events.			
2. 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.			
3. agree to the disclosure of my personal data in a list of members held by the club and shared with England Athletics			
4. 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.			
5. 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		Date	
Print Name			
FURTHER INFORMATION			
Membership year runs from the 1 <sup>st</sup> 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'		Cheque enclosed <input type="checkbox"/>	
or pay via BACS (Lloyds / sort code: 30-93-71 / account: 01588546 / Ref: your name, 'subs'		Payment by BACS <input type="checkbox"/>	
As part of your membership, you receive a club vest. Please indicate the size that you would like:			
Ladies:	Size 8 <input type="checkbox"/>	Size 10 <input type="checkbox"/>	Size 12 <input type="checkbox"/>
Men:	XS <input type="checkbox"/>	Small <input type="checkbox"/>	Medium <input type="checkbox"/>
	Large <input type="checkbox"/>	XL <input type="checkbox"/>	