



PORTHCRAWL RUNNERS

SENIOR MEMBERSHIP - APPLICATION FORM

MEMBERSHIP IS OPEN TO ALL GROUPS OF THE COMMUNITY

- (i) I agree to comply with the Rules of the Club (Herein after called "the Club") and of UK Athletics Ltd and Welsh Athletics Ltd. I agree that the Club, UK Athletics Ltd and Welsh Athletics Ltd may utilise the details below for their record purposes.
- (ii) I accept that I shall take part in the Club activities at my own risk and accept that the Club cannot be held responsible for any current medical condition or any medical condition, which may occur from me taking part in Club activities. I have obtained safe clearance from my Doctor to take part in all Club activities.
- (iii) I accept that photograph's in which I feature and/or written word about me may be posted on the Club website and in the press, with reference to my actions in respect of the Club and the sport of athletics.

I wish to become a **First / Second Claim** Member of the Club (Select as appropriate).

Are you or have you been a member of another Affiliated Athletics/Running Club? If so please complete the following: -

Name of other Athletic/Running Club: _____

Date of Resignation: _____ **Registration No, if applicable:** _____

Name (in capitals): _____

Address: _____

_____ **Postcode:** _____

Tel No: (Home): _____ **(Mobile):** _____

Email address: _____ **Gender:** _____

Date of Birth: _____ **Place of Birth:** _____ **Nationality:** _____

Signed: _____ **Date:** _____

Membership fee is £45 and includes access to Facilities at the Porthcawl Rugby Club, Third party liability insurance and Registration with Welsh Athletics Ltd.

Please return your completed Membership Application Form to the Membership Secretary at 46 Clos Y Mamez, Newton, Porthcawl CF36 5DJ (Cheques to be made payable to "Porthcawl Runners") or via BACS transfer - Lloyd's Bank - Sort Code - 30-67-34 / Account Number – 40466068 / Add your name as a reference on the transfer.

Subscriptions are due annually on 1st April each year.

Medical Information:

Please detail below any important medical information that our club should be aware of (e.g. Epilepsy, asthma, diabetes, etc.)

Emergency Contact Details:

Please provide the information below as to person(s) who should be contacted in case of an Incident/accident: -

Contact Name: _____

Emergency Contact Number: _____

Disability:

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or Mental impairment that has a substantial and long-term adverse effect upon his/her ability to Carry out normal day-to-day activities'.

Do you consider yourself to have a disability: Yes / No (select as appropriate)

If yes, what is the nature of your disability? _____

(You may wish to use one of the following categories: visually impaired; hearing impaired; Physical disability; learning disability; multiple disabilities.)

Inhaler:

Do you use an inhaler? Yes / No (select as appropriate)

To comply with anti-doping legislation any athlete who uses an inhaler must register with UK Athletics. The club secretary may provide you with all the necessary information and confidential registration form.

Club Vest Size: £15.00 (subject to availability)

Club Use Only:

Payment received in the sum of £ _____ by _____ Date _____

Date of Election _____ Signed by Secretary _____ Signed by Chair _____

Club Kit Issued _____ Club Policies Issued _____

Welsh Reg No _____ Reg Fee to Welsh Athletics _____
