



Tiverton Harriers Membership Form

(Club colours blue & white)

Membership 20.... - 20....
Membership year runs from
1st April to 31st March

Membership	Fees	Tick
Adult with EA registration	£30	
Adult without EA registration	£15	
Junior without EA registration	£10	
Junior with EA registration (only required if competing in EA events)	£20 See Caroline Hewitt for details	

EA Registration : Registration with England Athletics (EA) entitles you to have a reduced entry fee at most races – cost effective if entering more than 5 races a year.

Surname :		Forenames :	
Address :			
Date of birth:		Gender : Male / Female	
Contact details:	Home number :		
	Mobile number :		
	E-mail address :		

For new members, please complete your purpose in joining the club		Tick
Please tick any that apply		
I would describe myself as a	Beginner	
	Slow runner / Jogger	
	Average runner	
	Fast runner (better than 7:30 min/mile pace)	
My main aim is to improve my health and fitness		
I enjoy running with other people and the social side of the sport		
I want to improve so I can take part in running event		
I am interested in competitive running and want to improve my performance		
Membership renewal?		
Existing England Athletics number (if relevant)		

I enclose a cheque for £ _____ (payable to Tiverton Harriers)

I enclose cash for £ _____

I have paid via BACS to amount of £ _____

(Account name: Tiverton Harriers Account no: 06514707 Sort code: 60-21-27 Ref: your name)

I, the above named, wish to become a member of Tiverton Harriers. I declare that I am physically fit and able to partake in sporting activity. I agree to be bound by the rules of UK athletics.

I confirm that I have completed and returned the attached disclaimer.

Signed :	Date :
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Send forms to: Kat Humphreys, 38 Park Street, Willand, Cullompton, EX15 2PT

Queries to: John Dean (Membership Secretary), 24 Atherton Way, Tiverton, Devon, EX16 4EW

Tiverton Harriers (The Club) take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.

Please read the full privacy notice carefully to see how The Club will treat the personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent any unauthorised access.



DISCLAIMER AND PERSONAL DETAILS

Please print your details clearly, complete in full and return to your Group Leader.

Full Name: _____

Address: _____

Telephone No. _____

Email: _____

Next of kin (contact in case of accident/illness): _____

Next of kin contact telephone number: _____

Address of next of kin (if different from your own): _____

How did you find out about the group? _____

What would you like to get out of the group?

- | | |
|---|---|
| <input type="checkbox"/> To get fitter | <input type="checkbox"/> To lose weight |
| <input type="checkbox"/> To run local events | <input type="checkbox"/> To improve |
| <input type="checkbox"/> To meet new running partners | |

Are you currently involved in any other form/s of exercise?

- No
 Yes If yes, what type and how often? _____

Have you done any running before?

- No
 Yes If yes, what type and how often? _____

Do you have any health considerations we ought to know about? No

- Yes If yes, please explain: _____

Do you suffer from any of the following:

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Previous Injuries | |

Any condition requiring medication: _____

Other (please detail) _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

Running Group Leaders are qualified leaders and are willing to share their experience and enjoyment of the sport with me. I confirm that I understand that participation in this group is entirely at my own risk and should consult my own doctor if suffering from any condition that might make running injurious to my health. I consent to my Health Considerations and medical conditions data provided on this form to be shared with coaches for the purposes of the delivery of my safe participation in club activity. This data will not be shared or processed for any other purpose

Signed: _____ Date: _____

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