

Tiverton Harriers Membership Form

(Club colours blue & white)

	Adult with EA legis	
Membership 20 20	Adult without EA re	
Membership year runs from	Junior without EA 1	
1st April to 31st March		

MembershipFeesTickAdult with EA registration£30Adult without EA registration£15Junior without EA registration£10

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:	rname: Forenames:			
Address:		1		
Date of birth:		Gender : Male	/ Female	
Contact details:	ontact details: Home number : Mobile number :			
	E-mail address :			
Please tick type of 1	membership			Tick
New Member?				
Membership renewa	1?			
Existing England At	hletics number (if relevant)			
I enclose cash for £_ I have paid via BAC	or £ (payers) S to amount of £ Account no	yable to Tiverton F 	Harriers) ort code: 60-21-27	Ref: your name
	wish to become a member of Torting activity. I agree to be be			ysically fit and
	read and will abide by the Tivriers.co.uk/members/code-of-c		de of Conduct, which	can be found
I confirm that I have	completed and returned the at	tached disclaimer.		
Signed:			Date:	
Send forms to: Kat I	Jumnhrevs 38 Park Street Wi	illand Cullompton	FX15 2PT	

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:
Γelephone 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? To get fitter To lose weight To run local events 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: Diabetes Asthma Back Pain Diabetes Previous Injuries High Blood Pressure 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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