



**TAVISTOCK RUN PROJECT
MEMBERSHIP FORM 2019**

SECTION A: ATHLETE DETAILS

First Name		Surname	
Address			
	Postcode		
Telephone		Mobile Number (If over 16 years of age)	
Date of Birth		Email Address	
Are you a member of any other sports club	Any comments you have		

SECTION B: PARENT/CARER DETAILS

If under 16 years of age, please ask your parent/carer to complete the complete the following section.

First Name		Surname	
Address			
	Postcode		
Telephone		Mobile Number	
Email Address			

SECTION C: MEDICAL INFORMATION

Please detail below any important medical information that we should be aware of (e.g. Epilepsy, asthma, diabetes, allergies etc.) PLEASE DO NOT LEAVE BLANK

Please circle one No / Yes (if YES please give details)

SECTION D: 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 One Contact: 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 E: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting a Tavistock Run Project Athlete, when attending club events, including training.

Signature & Date	
Print Name	

SECTION F: MEMBERSHIP FEES

Single Adult Membership – £45
Second Claim Membership - £30
Junior Membership - £30

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS AND RETURN WITH YOUR SUBSCRIPTION TO THE MEMBERSHIP SECRETARY

