

GOSFORTH HARRIERS AND ATHLETIC CLUB

Established 1927 Sponsored by John Reed Associates Ltd

version 3.0 (Revised 23-09-2013)

Title ____ Last Name _____ First Name(s) _____ M/F

Place of Birth _____ Date of Birth _____

Address _____

Post Code . _____ Tel: home _____ mob: _____

Email . _____

Do you have any medical condition we should be aware of (e.g. Asthma, Epilepsy, Diabetes)? Y/N

Please give details :

Do you consider that you have a disability that we need to be aware of? Y/N

Please give details of any assistance you may require during training or competition

Additional Contacts (in case of emergency)

1. Name _____ Tel. _____

2. Name . _____ Tel .. _____

Previous Club (if any)

Prev. Registration No. Date of Resignation

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Please tick to indicate your agreement where applicable.

- I have read and accept the code of practice for members/junior members (*delete as necessary*)
- I hereby agree that the club shall not be liable for any accident, injury, loss, or damage to myself or my property while competing or training with Gosforth Harriers and Athletic Club.
- I agree to abide by the Club constitution and confirm that I am eligible to compete under U.K. Athletic Rules.
- I accept that my personal data will be held on computer by the club and will only be used for Club related activities and will not otherwise be sold or passed on to any third party. I agree to the disclosure of my personal data in a list of members and to the North of England A.A..
- I acknowledge that in the event of a medical emergency a representative of Gosforth Harriers will authorize treatment, as recommended by emergency services, on my behalf / on the behalf of my child until next of kin are available.
- I permit the use of club related photographs to be used in the GHAC web site and acknowledge that any image displayed can be removed on request.
- I am interested in helping out in some capacity (coaching, training, sponsorship, social, administration, etc.) Please specify : _____

Signed . _____ Date _____..

- I have read and accept the code of practice for parents/carers (*if member is under 18 years*)

Signature of Parent/Guardian (if <18) _____

In case of family membership please complete a separate form for each member

Membership Type & Cost Family £60 for 2 members + £10 for every additional member.

- Senior £45 inc. UK Athletics reg.
- OAP / Unemployed
- Student / Associate £35 inc. UK Athletics reg.
- Junior £30 inc. UK Athletics reg.