



GOSFORTH HARRIERS

AND ATHLETIC CLUB

Established 1927

MEMBERSHIP APPLICATION FORM



John Reed Associates
Consultancy Services

Title _____ Full Name _____ 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) _____

Registration No. _____ Date of Resignation _____

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 me 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 gosforth-harriers.org web site and Gosforth H&AC facebook group and acknowledge that any image displayed can be removed on request. (For further guidance please see UKA website for the use of photographic and video images of children/young people under the age 18yrs)
- 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 £90 for 2 members + £25 for every additional member. Inc UK athletics reg.
- Senior £60 inc. UK Athletics reg.
- OAP / Unemployed /Student / Associate £50 inc. UK Athletics reg.
- Junior £45 inc. UK Athletics reg.

(June 2017)