



MEMBERSHIP FORM



PLEASE COMPLETE ALL DETAILS IN BLOCK
CAPITALS & RETURN WITH YOUR SUBSCRIPTION
TO: FELIXSTOWE ROAD RUNNERS

Welcome to Felixstowe Road Runners. We are an athletic club open to athletes of any ability from eight years of age. To ensure we have the correct contact details for you, please fill out this form and return to **Ray Roberts, 8 Estuary Drive, Felixstowe, IP11 9TL**

SECTION A: ATHLETE DETAILS

First Name				Surname	
Address					
				Postcode	
Telephone				Mobile Number (If over 16 years of age)	
Date of Birth (DD/MM/YY)				Email Address (If over 16 years of age)	
Address of School/ College				Postcode	
Are you a member of any other running club? (If yes, please state which club and if first claim)					
County of Birth				UKA Competing membership for races (Y/N)	

SECTION B: FAMILY MEMBERSHIP SECTION

For family membership please list below all members of your family that you wish to be included in your membership. Please ensure that you give any relevant medical information in the section below for all members that you wish to include. Also you will be required to sign the parent /carer section if any of the members are under 16 years of age. If any of the members wishes to enter races held under UKA rules then you must say yes to the competing member section.

First name	Surname	Date of birth	Competing member?

SECTION C: PARENT/CARER DETAILS

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

First Name				Surname	
Address					
				Postcode	
Telephone				Mobile Number	
Email Address					

SECTION D: MEDICAL INFORMATION

PLEASE CONTINUE THE FORM OVER THE PAGE

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

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SECTION E: 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:	
Emergency Contact Two Name	
Emergency Contact Two 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 F: 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 Felixstowe Road Runner's Athlete, when attending club events.

Signature	
Print Name	

Membership fees for the period 1st March 2011 – 29th February 2012

Solo £10 Family £15 Jun/student & 60+ £5 – Cheques to made payable to Felixstowe Road Runners

SECTION G: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition

Signature	
Print Name	

We look forward to welcoming you and your family to the club in the near future. To find out all the latest club information, please visit our website www.frr.org.uk