

Senior Membership Application Form

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NAME:						
DOB:						
ADDRESS:						
Inc. post code:						
PHONE:						
Home:						
Mobile:						
Email:						
EMERGENCY CONT	ACT					
Name:	7.01					
Relationship:						
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Contact Number:						
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Please detail any MEDICAL CONDITIONS that our coaches should be aware of:						
(If you would prefer to	speak in confidence	with one of our coa	ches, please do so.)			
SUBSCRIPTIONS RUN FROM 1ST JANUARY TO 31ST DECEMBER.						
Please indicate which			LIVIDLIK.			
1 st Claim Senior Mem		Υ/N				
2nd Claim Senior Mer		Y/N				
Name of 1st Claim Cl						
DECLARATION: Having been admitted as a member of Thirsk and Sowerby Harriers, I do						
hereby declare willingness to conform to the England Athletics rules and regulations thereof						
and that Thirsk and Sowerby Harriers shall have the appropriate level claim on my services						
in all team and individual cross country, road, track and field events (if any) until such time						
as I succeed according to the rules. I understand that I take part in training at my own risk. I						
understand that my personal information shall only be used for club and England Athletics						
purposes.		, , , , , , , , , , , , , , , , , , , ,	J			
Signed			Date:			
9						
Please make cheques payable to THIRSK AND SOWERBY HARRIERS and send with this app						

Please make cheques payable to THIRSK AND SOWERBY HARRIERS and send with this application form to: Mrs P L Radford (Membership Secretary) Thirsk and Sowerby Harriers, 37 Sycamore Drive, Thirsk, North Yorkshire, YO7 3NW, alternatively you can pay by BACS to: Natwest Acc 556137 06224598

New/return	Paid	UKA	T+S d/b	Email	Champs