



Please complete all details in block capitals and return with your subscription to the membership secretary.

Section A - Athlete Details

First Name:		Surname:	
Address:		Post code:	
Mobile Number:		Date of Birth	
Email:		Any other sports clubs:	

Section B - Parent / Carer Details

To be completed if athlete is under 16 years old

First Name:		Surname:	
Address:		Post code:	
Mobile Number:		Date of Birth	
Email:		Any other sports clubs:	

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

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Section D - Emergency Contact Information

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency contact name:	
Emergency 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.

If under 16 this must be signed by a parent / carer.

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:	
Print Name:	
Date:	

Single Adult Membership – £50
Second Claim Membership - £35
Junior Membership - £35