

Erme Valley Harriers Membership Form 2007



Block capitals please (complete both sides of form)

Name(s)

Date/County of Birth

.....

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.....

.....

Address:.....

..... Postcode:.....

Telephone No:..... E-mail address:.....

* All juniors included in Family Membership must complete separate junior membership form in addition.

Type of membership required:

- Family £ 40 *
- Senior £ 20
- OAP £10
- Non competing volunteer £5

What events are you interested in?

- Road Running
- Off Road Running
- Cross Country
- Middle Distance
- Sprints
- Jumps
- Throws

Do you suffer from any medical conditions? (If yes please indicate.):

.....

Emergency Contact Details:

Please complete the section below to indicate the person who should be contacted in the case of an incident/accident:

Contact Name	
Emergency Contact Number	

Sports Equity Policy:

This section is not compulsory, however the following information will help the club monitor its membership and develop strategies to ensure that all members have the opportunity in the future to develop and progress in athletics.

Ethnicity

Please circle the appropriate description:

A WHITE

British Irish Any other white background

B MIXED

White & Black Caribbean White & Black African
White & Asian Any other mixed background

C ASIAN OR ASIAN BRITISH

Indian Pakistani Bangladeshi

D BLACK OR BLACK BRITISH

Caribbean African

E CHINESE OR OTHER ETHNIC GROUP

Chinese Any Other

Disability

Do you consider yourself to have a disability? YES NO

If yes what is the nature of your disability? Please circle the appropriate description:

Visual Impairment Hear Impairment Physical Disability
Learning Disability Multiple Disabilities Other (Please Specify): _____

I/We hereby apply for membership with the club and understand that I/we must abide by the rules of the club and conform to the conditions for amateur status as stated in the constitution, of which I/we have a copy. I/we understand that I/we train or compete with the club at my/our own risk.

I/we understand that in the event of any injury or illness all reasonable steps will be taken to contact me/us and I/we give my consent for qualified first-aiders to deal with that injury/illness appropriately.

Signed: Date:.....

Please make all cheques payable to Erme Valley Harriers.

Please return the completed form to: Mrs. Shirley Watson, 7 Greenwood Park Close,
Plympton, Plymouth, PL7 2WP