



SOUTH CHESHIRE HARRIERS

MEMBERSHIP APPLICATION FORM

PLEASE PRINT CLEARLY

First Name		Other initials	
Surname		Gender (M/F)	
Address 1		Date of Birth	
Address 2			
Town			
County			
Post Code			

Contact Number	
E-Mail	

Other clubs you have been a member of		Date of Resignation from previous club	
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I confirm that I am eligible to compete under UK Athletics Rules.

I agree that my personal data will be held on a computer by the club and appear in a list of members. It will also be added to the UKA portal for affiliation needs, I also agree that the Club may, from time to time, use photographs containing my image in Press Reports or Club publicity material. I will put it in writing to the club if I don't agree to these terms.

I agree to abide by the clubs code of conduct and policies

I am medically fit to run and agree that I run with the club at my own risk and that South Cheshire Harriers are not liable for any accident, injury, loss or damage that may occur as a result of my participation with the club.

Signed Date.....

Parent or Guardian.....

(If under 18)