**Dub Runners Running Club Application Form**

The membership year runs from 1st April 2018 – 31st March 2019.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give details of who we contact in an emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What running experience do you have?**

Beginner Intermediate Advanced

(Can run up to 6 miles, any pace)

**Club membership is currently set at £40.00 per annum or alternatively if you wish to also register with Athletics Northern Ireland (ANI) this will cost an additional £10.00.**

Club Membership and Club Membership only

ANI Registration (£50.00) (£40.00)

I confirm that to the best of my knowledge I am able to participate in physical activity. I understand that information on this form will be treated with strictest confidence by Dub Runners Running Club (and by those acting for and on behalf of Dub Runners Running Club) for services that I may wish to engage in now and in the future. In signing this form I confirm that I have read, understood & completed this form. Any questions I had have been answered to my satisfaction. I understand that I am responsible for monitoring myself throughout the exercise program and that if any unusual symptoms occur, I will cease participation and inform my instructor & my doctor of these symptoms. I confirm that I will ensure to take every precaution possible for the safety of myself and others and act in a responsible manner. I undertake to notify my instructor at once if there is any change in my condition. I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate at my own risk and take full responsibility for my actions.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_