

Bridgnorth Running Club

Membership Form 2017/18



Full Name:.....

Address:.....
.....
.....

Telephone:..... Mobile:.....

Email address:.....

DOB:.....

Emergency Contact Name:

Emergency Contact Number:

How did you find out about BRC?

What would you like to get out of the group? Are you currently working towards a race or specific goal?

- 1)
- 2)
- 3)

Please let us know if you have any pre-existing medical conditions that we should be aware of (if you do, do you need to carry medication e.g. asthma inhaler):

.....
.....
.....

PLEASE READ AND SIGN THE FOLLOWING:

I recognise that in signing this I agree to the terms and condition set by the members of the Bridgnorth Running Club committee and in line with their constitution. I understand that should I wish to be covered by the benefits of being part of an affiliated Club, I agree to pay a monthly or yearly subscription.

I agree to run in appropriate clothing for the weather and time of year. I understand that should I not do so, I run at my own risk.

I confirm that I understand that participation is entirely at my own risk and I should consult my own doctor if suffering from any condition that might make running injurious to my health.

Name:

Signature:

Date: