## South West Road Runners Membership 201/19

Rates (includes England Athletics Affiliation for members over 14) are as			
follows:			
1 First Claim Seniors (18 years and older)£37			
2 Second Claim£17			
3 Students (18 and over)£33 <sup>1</sup>			
4 Juniors (15 -17)£21			
5 Juniors (8-14)£8			
6 Social & Non-running£2			
1 On sight of a valid NUS card			
ALL MEMBERSHIPS RUN UNTIL 31 MARCH 2019.			
Please make cheques payable to <b>South West Road Runners</b> Please return your form together with your cheque on a Wednesday evening or post to:			
Pauline Warner, Le Barre, Fore Street, Winkleigh, EX19 8HQ			
Cash payments are welcome on Wednesdays, but not by post please.			

#### **Club Volunteering**

The club depends on help and support from members – particularly for our races and our Wednesday training sessions. **We expect each member/parent to help out with something at least once during the year.** The table below lists the main activities that your club needs help with; please use it to indicate how you would like to volunteer (items asterisked require training which the club will fund).

1 <sup>st</sup> Chance 10K (January)	
Drogo 10 (November)	
Collection of Wednesday night club session fees	
Wednesday night group leader*	
Assisting on the track/coaching*	
Supervision of Juniors	
Helping at social events	
Serving on the Committee	
Maintenance of the SWRR web site	

Many thanks Pauline Warner Membership Secretary South West Road Runners

pauline.warner@aol.com

# **South West Road Runners**

## Membership Application Form 2018/19

#### PLEASE PRINT IN BLOCK CAPITALS

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Name: Phone (land line)			
		Name: Phone (land line)	Name: Phone (land line)

Are you a member of another running club? If yes, current Club name	
Have you resigned from that club?	Yes 🗆 No 🗆
$2^{nd}$ claim application $\Box$ (name of $1^{st}$ claim)	club)

#### Do you have any of the following qualifications?

First Aid	
Leader in Running Fitness	
Coaching Qualification	

**Declaration:** I agree to be bound by the constitution & rules of South West Road Runners

Signed...... (Athlete) Date .....

I understand it is the runner's responsibility to ensure medical fitness to run and to have any appropriate medication (eg inhalers) with me.  $\ \Box$ 

### For applicants who are aged under 18:

I give my consent to this application and to be bound by the constitution & rules of the club.

Name of Responsible Parent/Carer (PLEASE PRINT).....

Signature of responsible parent /Carer ......Date ......Date .....

Contact details (if different from those above)



I understand it is the parent/carer's responsibility to ensure medical fitness to run and to ensure the runner has any appropriate medication (eg inhalers) with them.  $\Box$ 

**Data Protection:** This information will be kept both in paper form and on various computers for club purposes. It will also be passed to our sport's Governing Body England Athletics. It will not be given to any third parties, either within the sport or otherwise, for commercial purposes.

Membership Secretary use only. Amount paidEA NumberEA NumberEA Number	Membership Secretary use only:	Amount paid:	Cheque Cash	Date Received	EA Number
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