



Severn AC Membership Form

Details

Membership		Renewal	
First Name	Surname	D.O.B	Male/Female

Address

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E-Mail

Contact Phone Number

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Emergency Contact Details

Name		Phone Number	
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Medical Information

Do you take any medication or have a medical complaint

Yes		No	
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If Yes, please give details

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Declaration

I wish to become a member of Severn Athletic Club and declare myself an amateur. If elected I will conform to the club and UK Athletics rules and regulations. Should I wish to resign I will tender my resignation in writing. I understand my details will be held on a database solely for the use of Severn AC and England Athletics and will not be disclosed to third parties. I understand I will be expected to support the club's activities through either competing or as a volunteer.

Signature		Date	
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