**Personal Details**

|  |
| --- |
| Full Name: |
| Address:Postcode:  |
| Date of Birth: |
| Email:  |
| Contact Number: |
| Emergency Contact (Name/Number): |

Do you have any injuries/allergies/health issues we should be aware of? Y/N

If Yes, provide details:

……………………………………………………………………………………………………………………………

Are you taking any medication? Y/N

If Yes, provide details:

……………………………………………………………………………………………………………………………

**Fees**

1.7.2021 – 31.3.22 £15.00

1.10.21 – 31.3.22 £10.00

1.1.22 – 31.3.22 £5.00

**How to pay**

1. BACS Transfer - make transfer to Stockton Striders Athletic Club. Santander Bank Account, A/C No 12616651, Sort Code 09 01 29
2. Fill in your name as **PAYEE REFERENCE – THIS IS A KEY STEP** to ensure the club has a clear record of who has paid.

If you are already a member of another England Athletics Affiliated club please give your URN: …….

Will Stockton Striders AC be your first claim or second claim? Please indicate: ……………………..

(If you only intend joining Stockton Striders this will be your first claim club)

**Please read the following and sign below:**

**The group leaders are UKA qualified leaders/coaches and are willing to share their experience and enjoyment of the sport with me. I confirm that I understand that participation in this group is entirely at my own risk. I should consult a doctor if suffering from any condition that might make running injurious to my health and I must notify the coach for each session I attend of any issues.**

**I confirm I am aware of the clubs COVID 19 responsibilities. I have read and familiarised myself with the clubs risk assessment and the supporting checklist. I will abide by both and other risk assessments that the club produce.**

**I also agree to abide by the rules of Stockton Town FC and always serve its best interests**

|  |  |
| --- | --- |
| Name: | Date: |
| Signature: |

Please send completed forms to:

stocktonstriders@gmail.com