



Senior membership form

We are pleased to welcome you to our club, membership is open to all members of the community Please insert the information requested and return to address at foot of page If you are under 16 please ask parents or guardian to sign the form before it is returned. Data Protection Act: Details given on this form will be held on computer disks & used in the administration of the club. It will also be shared with EA & NA for registration purposes.

PERSONAL DETAILS		
Name		
Address		
Postcode	Tel Number:	Mobile
Email		
Date of birth / /	Tick box below for birth County or write details in Other	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Lancs <input type="checkbox"/> Merseyside <input type="checkbox"/> Other <input type="text"/>

ATHLETICS DETAILS		
Have you competed in athletics before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Preferred event	
	Middle Distance	<input type="checkbox"/>
	Sprints/Hurdles	<input type="checkbox"/>
	Field Events	<input type="checkbox"/>
If you are or have been a member of another club please give details below		
Club	Date of resignation	

MEDICAL INFORMATION

Please give details of any important information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc)

Medication

EMERGENCY CONTACT DETAILS-

Contact name(s)	Contact number(s)	
Notes:		
Name	Signature	Date:

SUBSCRIPTION AS OF OCTOBER 2020 £35.00
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Subscription paid	Date	Coach
Please make cheques payable to Liverpool Pembroke & Sefton H&AC		
URN _____	LPS _____	