

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.

	PERSON	AL DETAILS	
Name			
Address			
Postcode	Tel Number:		Mobile
Email			
Date of birth / /	Tick box below for bir	th County or w	rite details in Other
Male Female	Lancs Merseyside	Other	
ATHLETICS DETAILS			
Have you competed in athle If you are or have been a m	etics before? Yes		Preferred event Middle Distance Sprints/Hurdles Field Events
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 DE	TAILS-
Contact name(s)		Contact numb	er(s)
Notes:			
Name		Signature	Date:
SUBSCRIPTION AS OF OCTOBER 2021 £40.00			
Subscription paid	Date	Coach	
Please ma	ke cheques payable to	Liverpool Pen	nbroke & Sefton H&AC
UDN	I DC		