

| Worcestershire trailblazersMembership Application form | | | |
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| Membership applicant Information | | | |
| Name: | | Gender: | |
| Date of birth: | Email: | | Phone: |
| Current address: | | | |
| City/Town: | County: | | Postcode: |
| Emergency contact Information | | | |
| Emergency contact name: | | | |
| Phone: | | Email: | |
| Medical/Health information | | | |
| Please provide below any health/medical/learning/physical information that the club needs to know about you. If you become aware of any conditions following the completion of this form then please inform the Worcestershire Trailblazers during your membership period. If you have any concerns regarding your medical/health condition then please consult professional medical advice. | | | |
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| By submitting this form you understand and agree to the following: | | | |
| * Participation in all activities organised by the Worcestershire Trailblazers will be undertaken at your own risk. | | | |
| * You agree to pay the annual club membership fee of £10 along with returning this completed application form to become a member of Worcestershire Trailblazers who are an affiliated member of the Association of Running Clubs (ARC). Current annual Membership runs from the 18th April 2019 to 18 April 2020. There will be a reduction in the membership fee of £1 per month after April until a minimum membership fee of £5 is reached, which will apply for the remainder of the year. | | | |
| * You are aged 18 or over. | | | |
| * Photographs of club members taking part in Worcestershire Trailblazers activity can be uploaded onto the club website and Facebook page. | | | |
| * Worcestershire Trailblazers will store your personal information securely and will not pass onto any third parties. | | | |
| Member Signature: | | | |
| Signature: | | | Date: |

PLEASE RETURN YOUR COMPLETED MEMBERSHIP FORM TO SARAH MILES at [Juliet2304@outlook.com](mailto:Juliet2304@outlook.com) OR VIA POST TO HOLMCOTE, MOUNT PLEASANT LANE, CROSSWAY GREEN, WORCESTERSHIRE, DY139SU.