

Ingli Runners Membership Form



We are very pleased to welcome you to Ingli Runners

To ensure that we have your correct contact details, please enter the information requested and return this form to Shan Roberts at Ingli Runners.

We will also use this information to ensure that you are kept informed about club events.

Personal Details

Name:

Address:

Postcode:

Home telephone number:

Male / Female

Mobile telephone number:

Date of Birth: / /

Email address:

Signature _____

Medical Information

Please detail any important medical information that our coach should be aware.

(e.g. epilepsy, asthma, diabetes, etc) _____

Emergency Contact Details

Please enter the information to indicate the person(s) who should be contacted in case of an incident or accident:

Contact name:

Emergency number:

Sporting Information

Have you taken part in athletics before? Yes / No (delete as appropriate)

If yes, where have you participated in the sport? (Tick as appropriate)

Primary School [] Secondary School [] Local authority coaching session []

Club [] County [] Other _____

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes / No (delete as appropriate)

If yes, what is the nature of your disability? _____

(You may wish to use one of the following categories: visually impaired; hearing impaired; physical disability; learning difficulty; multiple disability)