

# SIDMOUTH RUNNING CLUB

## Juniors 8 to 14 years - 5 week course fee £10

Surname..... First Name.....

Address.....

.....Post code.....

E-mail (print clearly).....Telephone.....

Age..... Date of Birth..... Male/Female (Delete as applicable)

Emergency Telephone Number.....

Your course fee includes membership of Sidmouth Running Club for the duration of the course.

I confirm that I am an amateur as defined by England Athletics. I agree to be bound by the Constitution and Rules of the Club and those of England Athletics.

**The Constitution, Rules, Safeguarding and GDPR Privacy Policy can be found on the website.**

Signed.....

Date .....

### ***Certificate of Authority by parent or guardian (only applicable if applicant is under 18)***

I,....., hereby certify that the above details are correct and that, if accepted, I give full consent for the applicant to become a member of the Club and to participate in training and competitions within the sport of athletics. I also accept that I will be expected to help out at one of the 5 sessions (8 - 12 age group) and will make alternative arrangements with another parent to switch sessions if I cannot attend at the date I am given.

Signature of Parent or Guardian .....Date.....

### **Medical Information.**

Please supply any relevant medical information, medications, special needs or allergies.

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- Tick if you give permission for photography/videos of your child on Social Media, Website or in the Press.**
- Tick if you give permission for photography/videos of your child which would be used for training purposes only.**
- Tick if you do NOT give permission for any photography or videos of your child.**

### **Completed forms:**

either scan and email to [juniors@sidmouthrunningclub.co.uk](mailto:juniors@sidmouthrunningclub.co.uk)

or post to: 1 Enfield Villas, Vicarage Road, Sidmouth, EX10 8TD

### **Payment by BACS**

Account Name: Sidmouth Running Club, Sort Code 40-42-02, Acct Number: 61493078, ref: your child's name.