



## BEDFORD HARRIERS A.C. APPLICATION FOR MEMBERSHIP & INFORMED CONSENT FORM

*I, the undersigned, being an amateur as defined in the rules of the UK Athletics, apply for membership of **Bedford Harriers Athletic Club**.*

Name (Block Capitals) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

M/F \_\_\_\_ Email address \_\_\_\_\_ Postcode \_\_\_\_\_

Tel. No. inc. mobiles \_\_\_\_\_

First Claim Club \_\_\_\_\_ Second Claim Club \_\_\_\_\_

Date of resignation from any previous club \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you an individual member of England Athletics? Please supply competition licence no. \_\_\_\_\_

Have you been a Harriers member before? If so, what year did you join? \_\_\_\_\_

**Which group do you currently run with? (state if N/A)** \_\_\_\_\_

Above details may be used for contact purposes, please see our full data protection policy on the website and notice board. Please supply a photograph with application (name on back).

<b>FEES FOR 12 MONTHS MEMBERSHIP OF BEDFORD HARRIERS AC (12 month rolling membership basis)</b>	
18 or over	£30.00
Under 18	£6.00
Over 60 and full time students	£15.00
Please mail the completed form together with a passport size photograph and cheque payable to Bedford Harriers AC (no cash) to <u>Club Treasurer</u> : 9 Dumbarton Mead, Bedford, MK40 4TQ or see bank transfer details over	
Renewal notice for Bedford Harriers membership will be sent after 12 months.	

All new applications will be put before the committee for their approval at the next meeting. When accepted as a member of Bedford Harriers Athletic Club you must wear Club colours, as required, to comply with the rules of the relevant governing bodies.

*I agree to abide by the rules of the Club, which are displayed on the Club notice board and website, and by the rules of the relevant governing bodies. I accept that the Club, or any individual from within the Club supervising any aspect of club activities, will not be liable for any loss, damage, action claim, costs or expenses, which may arise from my participation in organised club activities.*

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Enquires to membership secretary at [jacinta.horne@ntlworld.com](mailto:jacinta.horne@ntlworld.com) or tel. 01234 307013

A Stadium Annual User Card (or payment by session) is **required** by all paid up members attending Bedford Harriers training sessions using the facilities. **To obtain a Stadium Annual User Card please include the correct amount with your payment and tick this box**

<b>STADIUM ANNUAL USER CARD FEES (Card is valid from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018)</b>	
Standard rate	£45.00 (Half price from 1 <sup>st</sup> October)
Concessions	£22.50 (Half price from 1 <sup>st</sup> October)
Restricted Access, no use of running track	
Please mail the completed form together with a cheque payable to Bedford Harriers AC (no cash) to <u>Club Treasurer</u> : 9 Dumbarton Mead, Bedford, MK40 4TQ or see bank transfer details over	
Please note that Bedford Harriers AC administers the Stadium Annual User Card facility in order to obtain VAT concessions on behalf of its members.	
The per session rate is £6.10 no concessions payable at reception, correct at the time of writing	

Approved by committee \_\_\_\_\_

Mem. No. \_\_\_\_\_

Meeting Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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& INFORMED CONSENT FORM**

**INFORMED CONSENT FORM**

	Y/N
Have you ever been advised not to take physical exercise?	
Have you ever experienced chest pain during or after exercise?	
Do you ever feel faint, dizzy or lose consciousness?	
Do you have a family history of heart disease?	
Have you recently had surgery of a serious illness?	
Are you taking any medication?	
Are you pregnant or have you recently given birth?	
Do you smoke?	
Do you have high blood pressure or cholesterol level?	
Are you diabetic?	
Are you asthmatic? Do you use an inhaler?	

**PLEASE COMPLETE THIS FORM WITH YOUR MEMBERSHIP.** If you are between the ages of 15 and 69 and have not been exercising regularly you are strongly advised to consult your GP. **IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS YOU ARE STRONGLY ADVISED TO CONSULT YOUR GP.**

This exercise programme is designed to improve cardiovascular (heart and lung) fitness, muscle tone and strength, endurance and flexibility and will include physical activities such as Running and stretching. Each part of the program will be fully explained to you, *please ask questions if you are not clear about anything.* Please notify a coach if you feel you should not do a particular exercise for any reason. All coaches have access to the information given by you on this form.

All exercise programs contain certain risks. If at any time you feel *pain* or *discomfort* you must *stop immediately* and inform the coach.

Your signature at the foot of this form confirms that you understand the risks involved in exercise and have given your informed consent and are participating of your **own free will**.

**I hereby state that I have read, understood and answered all the questions truthfully. I also state that I wish to participate in the range of activities included. I understand that these activities involve the risk of injury or even death.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**N.B. Payment by bank transfer**

**Sort Code 60-02-13**

**A/C 51308886**

**Nat West Bank**

**If you choose this method of payment, please advise date of transfer here \_\_\_/\_\_\_/\_\_\_ and then send to treasurer as over.**