

Bushfield Joggers Application for Membership

Applicant Information

Title:

First Name:

Last Name:

Address Line 1:

Address Line 2:

Town:

County:

Post Code:

Date of Birth:

Phone:

Mobile:

Email:

Medical Conditions

Do you have any medical conditions that may be affected by running, eg. asthma, diabetes, heart condition? Please list any conditions below and sign the disclaimer beneath:

Condition 1:

Condition 2:

Condition 3:

I understand that I am running at my own risk and that Bushfield Joggers are not responsible for any illness or injury sustained while training at the club.

Signature of Applicant:..... **Date:**.....

Other Running Clubs

If you are a member of any other running club, please give details below:

Other Running Clubs:

Proposed By

Seconded By

Member:.....

Member:.....

Amateur Status Declaration

I declare that I am an Amateur according to the following definition:

“An amateur is one who has never competed for a money prize or monetary consideration in any athletic sport or game or been in any way interested in a staked bet or wager made in connection with any athletic competition in which he/she was an entrant or competitor, who has never engaged in, assisted or taught any athletic exercise for pecuniary consideration, or in any way exploited his/her athletic ability for profit, and who has never taken part in any athletic competition with anyone who is not an amateur”.

Signature of Applicant:..... **Date:**