

| Worcestershire trailblazersMembership Application form | | | |
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| Membership applicant Information | | | |
| Name: | | Email: | |
| Phone: | D.O.B: | | Gender: |
| 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 £15 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 1st April 2022 to 31th March 2023. | | | |
| * 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 Phil Miles at philmilestrailblazers@gmail.com

Bank Details for fee payment will be sent upon receipt of the completed Membership Form. Many Thanks