**CAISTOR RUNNING CLUB - APPLICATION FOR ADULT MEMBERSHIP**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medical information you wish us to be aware of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subscription Fees:**

Membership runs from 1/1/2025 to 31/12/2025 and are as follows. Membership of CSSC is compulsory \*

**Up to age 60 - pay £ 15.00 (**breaks down as £5 to CRC and £10 to CSSC)

**Over age 60 pay £ 10.00 (**breaks down as £5 to CRC and £5 to CSSC)

*\*If you are already a member through* another *CSSC membership you do not need to pay again. Just let us know the name of the club through which you are a member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and your membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **Payment of membership annual subscription for the Club year: 2025**  **Sort code: 51-81-34 Account Number: 88504271**  Please include ‘M’ and your name in the reference box so that your payment can be identified:  **I have made an online payment of £ ……………............ OR I enclose £…….………...... cash/cheque** |

**DECLARATION** : I am aged at least 18 years and wish to apply for membership of Caistor Running Club. I agree to abide by the Club Rules. I declare that the club shall not be liable for any accident, injury, loss or damage as a consequence of my membership of Caistor Running Club. I also declare I am medically fit to take part in running.

**PLEASE answer the following as required [YES/ NO *(Delete one)]***

**YES/ NO** I agree that any photographs including my image taken at club activities may be used for publicity and to promote the club. NOTE: You will need to notify other race organisers if you wish to be excluded from photographs at other events not organised by CRC. **YES/ NO** I consent to the Club recording and publicising my race results for the purposes of publicity and for internal club competitions. **YES/ NO** I agree to being included in the club email group circulation for receiving important club information.

**SIGNED**………………………………………. **DATE** ……….……/…..…………/2024