



## 2015 MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK  
CAPITALS. PLEASE USE THE PAYPAL FORM ON AT  
FRR.ORG.UK TO PAY YOUR SUBSCRIPTION



Welcome to Felixstowe Road Runners. We are an athletic club open to athletes of any ability from seven years of age. To ensure we have the correct contact details for you, please fill out this form and return to **Ray Roberts, 8 Estuary Drive, Felixstowe, IP11 9TL** or give it to a committee member at a Tuesday Night Session or email it to [membership@frr.org.uk](mailto:membership@frr.org.uk)

### SECTION A: PRIMARY ATHLETE DETAILS

<b>First Name</b>	<input type="text"/>	<b>Surname</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
	<b>Postcode</b>		<input type="text"/>
<b>Telephone</b>	<input type="text"/>	<b>Mobile Number</b> (If over 16 years of age)	<input type="text"/>
<b>Date of Birth</b> (DD/MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Email Address</b> (If over 16 years of age)		<input type="text"/>
<b>Address of School/ College</b>	<input type="text"/>		<input type="text"/>
	<b>Postcode</b>		<input type="text"/>
<b>Are you first claim of any other running clubs - if so please state club</b>	<input type="text"/>		
<b>Triathlon Section? (tick)</b>	<input type="checkbox"/>	<b>UKA Competing membership for races? (tick)</b>	<input type="checkbox"/>

### SECTION B: ADDITIONAL FAMILY MEMBER DETAILS

For family memberships please list all members of your family you wish to be included in your membership. Please ensure that you give any relevant medical information in the section below for all members that you wish to include. Also you will be required to sign the parent /carer section if any of the members are under 16 years of age. If any of the members wishes to enter races held under UKA rules then you must say yes to the competing member section.

Forename	Surname	Date of Birth (DD/MM/YY)	Competing Member? (tick)	Triathlon Section? (tick)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION C: PARENT/CARER DETAILS

If you are under 16 years of age, please ask your parent/carer to complete the complete the following section.

<b>First Name</b>	<input type="text"/>	<b>Surname</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
	<b>Postcode</b>		<input type="text"/>
<b>Telephone</b>	<input type="text"/>	<b>Mobile Number</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>		

## SECTION D: CLUB HELP

One of the conditions of membership of Felixstowe Road Runners is that we ask members to help out at club events for a few hours each year. Please tick areas that you would be interested in helping with. The relevant club person will then contact you to see which events you would be able to help at, and in what capacity. If there is a specific area of expertise that you feel you can bring to the club, please also indicate below.

Kirton 5 Race Marshall or Administration	<input type="checkbox"/>
Costal 10 Race Marshall or Administration	<input type="checkbox"/>
Martlesham 10k Marshall or Administration	<input type="checkbox"/>
Website Management and Maintenance	<input type="checkbox"/>
Committee Post (contact <a href="mailto:chairman@frr.org.uk">chairman@frr.org.uk</a> for more information)	<input type="checkbox"/>
Coaching Post (contact <a href="mailto:vice.captain@frr.org.uk">vice.captain@frr.org.uk</a> for more information)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

## SECTION E: MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) **Please do not leave blank** – if there is no information please write 'None'.

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## SECTION F: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

<b>Emergency Contact One Name</b>	<input type="text"/>
<b>Emergency Contact One Number:</b>	<input type="text"/>
<b>Emergency Contact Two Name</b>	<input type="text"/>
<b>Emergency Contact Two Number:</b>	<input type="text"/>

It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please sign below to give your consent to emergency treatment being given to the named athlete on this form by trained personnel

Signature	<input type="text"/>
Print Name	<input type="text"/>

## SECTION G: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the club code of conduct for athletes and agree to always behave in the manner befitting a Felixstowe Road Runner Athlete, when attending club events.

Signature	<input type="text"/>
Print Name	<input type="text"/>

## SECTION H: PARENTAL/CARER AGREEMENT (PLEASE IGNORE IF ATHLETE OVER 16 YEARS OF AGE)

By returning this completed form, I agree:

- 1) To the named athlete taking part in the activities of the club.
- 2) That I have read and agree to abide by the club code of conduct whenever I am present at club activities or competition

Signature	<input type="text"/>
Print Name	<input type="text"/>

**We look forward to welcoming you and your family to the club in the near future. To find out all the latest club information, please visit our website [www.frr.org.uk](http://www.frr.org.uk)**