

Membership Application Lancing Eagles

Please print your details clearly in **black biro**, complete in full and return with fee to Mr J. Hardy, 2 Lotts Lane, Sompting, BN15 9TX

Title Mr Mrs Miss Ms Other

Forename(s) Surname

Date of Birth (DD/MM/YYYY) Gender Male Female

Nationality English Welsh Scottish Irish
 Other

Address

Town County Postcode

Telephone No Mobile No

Email

Name of next of kin

Next of kin contact Tel.No. Postcode

Address of next of kin

Your main events: Road running Cross country
 Fell running Track Fun running

Skills Do you have any skills or qualifications that you could offer to the club, if yes please give details, e.g. Coaching, first aid, administration.

How did you hear about Lancing Eagles: Website Flier
 Personal recommendation Impulse Leisure Newspaper

Other

Ethnicity (required by England Athletics)

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> White: British | <input type="checkbox"/> White: Irish | <input type="checkbox"/> White: Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed: White & Black Caribbean | <input type="checkbox"/> Mixed: White & Black African | | |
| <input type="checkbox"/> Mixed: White & Asian | <input type="checkbox"/> Mixed Other | | |
| <input type="checkbox"/> Asian & Asian British: Indian | <input type="checkbox"/> Asian & Asian British: Pakistani | | |
| <input type="checkbox"/> Asian & Asian British: Bangladeshi | <input type="checkbox"/> Asian & Asian British: Other | | |
| <input type="checkbox"/> Black or Black British: Caribbean | <input type="checkbox"/> Black or Black British: African | | |
| <input type="checkbox"/> Black or Black British: Other | <input type="checkbox"/> Other Ethnic Group | <input type="checkbox"/> Not specified | |

Disability Category

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Non-Disability | <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Amputee | <input type="checkbox"/> Deaf/Hearing impaired |
| <input type="checkbox"/> Dwarf | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Wheel chair | <input type="checkbox"/> Other | <input type="text"/> | |

Health Considerations

Do you have any health considerations we ought to know about? Yes No

If YES, please explain:

Do you suffer from any of the following : Diabetes Heart problems Joint problems
 High blood pressure Asthma Back pain Previous injuries

Declaration

I hereby apply for membership of Lancing Eagles Running Club as my

First Claim club Second Claim club

National Eligibility: Birth Residence Retention Parentage
 Unspecified

I wish to be affiliated I do not wish to be affiliated with England Athletics.

I confirm that I understand that participation in this running club is entirely at my own risk and should consult my own doctor if suffering from any condition that might make running injurious to my health.

Club membership is £15 pa from April 2014 (discounted to £10 for new members or payment by 30 April for existing members). Affiliation to England Athletics is £14 pa from April 2017. Membership runs from April to March.

Cheques made payable to Lancing Eagles Running Club

I enclose my first year's membership fee of £

Signed Date

(parent or guardian if under age of 18)