



Ballycastle Runners AC Membership Application

Personal Information

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other:
Full Name	
Date of Birth	
Address incl postcode	
Mobile Number	
Email address	
In case of emergency contact name and tel no:	

Physical Activity Readiness Questionnaire

Do you have any injury or illness that Ballycastle Runners need to be aware of that may limit your participation in training sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently involved in any other form/s of exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes", what type and how often?</i>	
Have you done any running before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes", what type and how often?</i>	
Do you suffer from any of the following?	<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Joint Problems <input type="checkbox"/> Asthma <input type="checkbox"/> High blood pressure <input type="checkbox"/> Back Pain <input type="checkbox"/> Previous Injuries
Do you suffer from any health condition requiring medication, any other medical condition or any health considerations we ought to know about?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes" please explain?</i>	

Personal Statement and Declaration

- I, _____ will take responsibility, during training and practical sessions, for working at a level that is appropriate to me on that day. I confirm that I understand that participation in Ballycastle Runners AC training sessions is entirely at my own risk and I should consult my own doctor if suffering from any condition that might make running injurious to my health.
- I declare that the details provided above are correct.
- I declare that I am an amateur as defined by UKA and have never been refused membership of another club, nor have had membership of another club terminated.
- I declare that I have no medical condition which would endanger myself or others and understand that Ballycastle Runners AC is not liable for any loss, damage or injury sustained during my membership.
- I agree to be registered with the Athletics Northern Ireland and wish to apply for membership of Ballycastle Runners AC and agree to abide by the rules and constitution of the club.
- I agree to Ballycastle Runners AC using my photographs (if taken during events or training) for publicity for the club on the following locations:
 Facebook Twitter Club email/newsletter Local newspaper
(Ballycastle Runners AC will not share your personal data with any third parties other than Athletics NI for the purposes of maintaining your registration.)

Signed:	Date:
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Please make your cheque for £20.00 payable to "Ballycastle Runners AC"