

## RYSTON RUNNERS ATHLETICS CLUB

### Member Contact Information

Please complete this form so that we can update our records. All information will be treated as confidential and used in accordance with the terms of the Data Protection Act 1998 (as amended)

Date of Birth:

|  |  |
|--|--|
| Title  |  |
| Forenames  |  |
| Parent or Guardian<br><small>(in case applicant is under 16)</small>                 |  |
| Surname  |  |
| Address  |  |
|  |  |
| Telephone  |  |
| E-mail Address   |  |
| Secondary Contact details for emergency purposes if applicant is under 16 yrs of age |  |

Your email address will automatically be added to the Ryston Mailing list so that you can receive the latest e-newsletter and other emails about news and forthcoming events. Please tick this box if you do NOT wish to be included on the mailing list.

Signed: ..... Date .....

(Parent or Guardian in case applicant is under 16)

#### MEDICAL INFORMATION

DOCTOR'S NAME.....

TELEPHONE NUMBER.....

SURGERY ADDRESS.....

ANY MEDICAL INFORMATION THAT THE CLUB NEEDS TO BE AWARE OF INCLUDING MEDICATION/ALLERGIES.....