

Application Form

GOYT VALLEY STRIDERS MEMBERSHIP APPLICATION FORM

SURNAME															SEX		
FIRST NAME															DATE OF BIRTH		
POSTAL ADDRESS															Day	Month	Year
TOWN															POSTAL CODE ESSENTIAL		
COUNTY										POSTAL CODE ESSENTIAL							
DAYTIME TELEPHONE (STD ESSENTIAL)								HOME TELEPHONE (STD ESSENTIAL)									

I fully understand that I shall train and race with Goyt Valley Striders running club entirely at my own risk, and that the organisers of Goyt Valley Striders running club are in no way responsible for any injury, illness or loss that I may suffer or any injury that I may cause during any activity connected with the club.

SIGNED:

DATED:

If under 16, signature of parent or guardian.