



County Antrim Harriers

Membership Form



Any personal information you give to us will be processed in accordance with the Data Protection Act 1998. Data gathered will be used to administer membership of County Antrim Harriers and will not be disclosed to any other party.

Personal Details			
Full Name:			
Address:			
		Postcode:	
	Date Of Birth:		Gender:
Home Telephone Number:			
Mobile Telephone Number:			
Email:			

Emergency Contacts			
Emergency Contact 1	Name		
	Telephone Number:		
Emergency Contact 2	Name		
	Telephone Number:		

Medical Information	
Do you have any Disabilities, Medical Conditions or Allergies that would be relevant to membership? Yes Or No	
If Yes Please provide a brief description including medication if relevant:	
** Before doing physical activity it is advisable to consult your doctor.	

Declaration			
I have read, understand & agree to adhere to the County Antrim Harriers – Codes Of Conduct, Club Constitution and Health & Safety Policy			
Signed:		Date:	