

Metros Membership form

Please complete one form for each person applying

* Must complete these sections

YOUR DETAILS

*FIRST NAME

*LAST NAME

*ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

ADDRESS LINE 4

*POST CODE

Please provide either a home or mobile number (or both)

HOME PHONE NUMBER

MOBILE PHONE NUMBER

*GENDER

 M/F

*DATE OF BIRTH

 DD/MM/YYYY

FAMILY/INDIVIDUAL MEMBERSHIP

Leave blank if applying for individual membership:-

FAMILY NAME

CONTACT DETAILS

We require email addresses for all adult members:-

*EMAIL ADDRESS

We will send a link to our monthly magazine, Metrolines by email.

Many members also elect to be part of the Metros googlegroup.

This can be used by any member to let others know of anything of interest.

GOOGLEGROUP?

Yes, add me to googlegroup (or leave blank if not interested)

Please provide details of someone who can be contacted in an emergency

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE NO.

RUNNER PROFILE

Are you already a runner? If you are, please let us know which best describes you?

- | | | |
|----------------|--------------------------|---|
| School/Student | <input type="checkbox"/> | Running at school/college |
| Social runner | <input type="checkbox"/> | Run reasonably regularly, tend not to do races |
| Improver | <input type="checkbox"/> | Have done some running - looking to run further or faster |
| Experienced | <input type="checkbox"/> | Can manage most of these distances (5k, 10k, half marathon) |
| Ultra runner | <input type="checkbox"/> | Marathons and beyond |

*Are you currently a member of a UKA affiliated club?

If you are, please enter the club name here (if not, leave this blank)

*Do you have any medical condition or disability Metros should be aware of?

(Yes/No)

If yes, please provide details

VOLUNTEERING

The club is run entirely on a voluntary basis. We therefore ask adult members to help out in some way.

Please indicate where you might be able to volunteer

- Coaching / leading training runs
- Committee post/administration
- Helping at Metros events
- Refreshments and social events
- Website content / club magazine

CONSENT

During a training session every adult is responsible for themselves and any child/children under their direct care.

The club insurance is provided with no stipulation that the club (session leader) should provide first aid.

I consent*

- I understand that I (or the person named on this form) take part in training sessions at my own risk.

Adult Members:-

I agree*

- I agree to abide by the Club's constitution and the UK Athletics code of conduct, and always to behave in the manner befitting a Club Member when attending events or sessions as a club member.

Signature

Date

Junior members:-

Parent/carer agreement

(required for junior members only)

- I agree to the junior named on this form taking part in the activities of the club. We will abide by the Club's code of conduct. While the junior member is aged under 16, they will be accompanied at all times during training sessions by their parent/carer.

Parent/carer name

Parent/carer signature

Date

Any data provided on this form will be handled in accord with the Data Protection Act, will only be used by the club and England Athletics, and will not be shared with any third parties without the member's express consent.

Please send the completed form with the correct payment (see www.metros.org.uk for details) to Metros Membership Secretary, 165 Whitmore Road, Harrow HA1 4AG