

**GALA HARRIERS  
MEMBERSHIP APPLICATION FORM**

**1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019**

**Please tick membership applied for**

<b>Individual Adult</b>	<b>£40.00</b>	<input type="checkbox"/>
<b>Family</b>	<b>£100.00</b>	<input type="checkbox"/>
<b>Student/Junior up to 17 years old</b>	<b>£35.00</b>	<input type="checkbox"/>

**Existing Member**

**New Member**

**Surname**.....

**Forename**..... **Date of Birth**..... **Male/Female** **SAL No**<sup>1</sup>.....

**Forename**..... **Date of Birth**..... **Male/Female** **SAL No**<sup>1</sup>.....

**Forename**..... **Date of Birth**..... **Male/Female** **SAL No**<sup>1</sup>.....

**Forename**..... **Date of Birth**..... **Male/Female** **SAL No**<sup>1</sup>.....

**Address**..... **Tel No**.....

..... **Post code**:.....

**Email**.....

**You agree that Gala Harriers may publish your Personal Information as part of the results of an event and may pass such information to the governing body Scottish Athletics or any affiliated organisation for the purpose of insurance, licenses or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times, occupation and age category. I agree to my daughter son taking part in the Athletic activities offered by Gala Harriers and will ensure they read the Junior Members Charter.**

**I consent to my child's image and name being published in local and or national press including social media:**

**Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Please complete all sections below**

**Medical information will only be shared with coaches, but this does not remove responsibility of good practice of individuals with medical conditions to always advise/remind coaches at the start of sessions of their conditions.**

**Please disclose any medical conditions that may be of importance in the event of an emergency, including any medications being taken.**

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**Please supply details of whom we are to contact in the event of an emergency.**

**Name.....Relationship.....**

**Telephone No. .... or Mobile No. ....**