



**SAXMUNDHAM RUNNING & FITNESS CLUB**  
**Carlton Park, Saxmundham IP17 1AT**

**ADULT MEMBERSHIP APPLICATION**  
*(18 years & over)*

**PLEASE USE ONE FORM PER PERSON** *(all renewals due annually on 1<sup>st</sup> April)*

**CHRISTIAN NAME**.....

**SURNAME**.....

**ADDRESS**.....

.....

**POSTCODE**..... **DATE OF BIRTH**.....

**TELEPHONE**.....

**EMAIL**.....

**IMPORTANT INFORMATION**

- The England Athletics affiliation process requires each competing club member to pay £5 to cover their own competition licence.
- If you do not pay the additional £5 you will have to pay the unattached / unlicensed levy fee for races where appropriate. You will also not be able to compete in any Championship event.

In order to affiliate as a club, The Saxons will have to give details of your name, postal address and date of birth to UK Athletics.

I confirm that I would like to apply to become a member of The Saxons. I understand and accept that my membership details will be forwarded to UK Athletics. I also agree and accept that the officials of the club will hold my details and that I may be contacted from time to time by letter, telephone or by e-mail.

**Signature**..... **Date**.....

- **AMOUNT PAYING - £22 Membership Fee - Total £22.00**
- **AMOUNT PAYING - £22 Membership Fee + £5 Competition Licence - Total £27.00**

Please make cheques payable to the Saxmundham Running & Fitness Club

Please complete and return to:

Secretary  
Saxmundham Running & Fitness Club  
C/O 6 Library Mews  
Rendlesham  
Suffolk  
IP12 2BF

Club sessions are held three times a week at the Carlton Park Sports Ground from 6.45pm to 7.45pm on Tuesdays and Thursdays and a Sunday morning run. The time and place of the Sunday morning run is changeable and is confirmed each week.

The Running Club is one of the sporting sections organised under the umbrella of the Saxmundham Sports & Recreational Club which is a registered charity.



**SAXMUNDHAM RUNNING & FITNESS CLUB**  
**Carlton Park, Saxmundham IP17 1AT**

**FITNESS QUESTIONNAIRE**

*All questions must be answered. The answers will be used as the basis for our advice.*

**NAME**.....

**ADDRESS**.....

.....

**AGE**..... **OCCUPATION**.....

**SPORTS CURRENTLY PARTICIPATING IN**.....

.....

	<b>YES</b>	<b>NO</b>
Has your doctor ever said that you have heart disease?		
Is there a history of heart disease in your family?		
Has your doctor ever said that you have high blood pressure?		
Has your doctor ever said that you have any other cardio vascular problems?		
Do you ever have pains in your heart and chest, especially associated with minimal effort?		
Do you often get headaches, feel faint or dizzy?		
Do you suffer from either pain or limited movement in any joints, which has been caused by exercise or might be aggravated by exercise?		
Are you taking drugs / medication at the moment or recuperating from a recent illness or operation?		
Are you pregnant?		
Are you unaccustomed to exercise?		
Do you have any other medical condition, which may affect your ability to participate in sport?		

**PLEASE ADVISE ANY OTHER INFORMATION THE SAXONS SHOULD BE AWARE OF:**  
 .....

**SIGNATURE**..... **DATE**.....