



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

**JUNIOR MEMBERSHIP APPLICATION**  
*(17 years & under)*

**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 aged 11 and over to pay £5 to cover their own competition licence.
- If members do not pay the additional £5 they will have to pay the unattached / unlicensed levy fee for races where appropriate. They 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 the members name, postal address and date of birth to UK Athletics.

- **AMOUNT PAYING - £11 Junior Membership Fee – Total £11.00**
- **AMOUNT PAYING - £11 Junior Membership Fee + £5 Competition Licence – Total £16.00**

Please make cheques payable to the Saxmundham Running & Fitness Club

Send to: Secretary, C/O 51 Westward Ho, Leiston, Suffolk IP16 4HX



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**JUNIOR MEMBERSHIP AUTHORISATION FORM**

I hereby confirm that my son / daughter.....aged.....is a member of the Saxmundham Running & Fitness Club and I authorise them to take part in club sessions at Carlton Park on Tuesday & Thursday evenings between 6.30pm and 7.30pm. I confirm that my child is fit & healthy to take part. I understand that The Saxmundham Running & Fitness Club will not be held responsible in anyway, should an injury or incident occur during the session.

**NAME OF PARENT / GUARDIAN**.....

**HOME ADDRESS**.....

.....

.....

**HOME TELEPHONE NUMBER**.....

**MOBILE NUMBER**.....

**DATE**.....

**SIGNATURE**.....

Junior members are welcome at the Club sessions held at the Carlton Park Sports Ground from 6.30pm to 7.30pm on Tuesdays and Thursdays.

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



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**FITNESS QUESTIONNAIRE FOR UNDER 18 YEAR OLDS**

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

**NAME OF CHILD**.....

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

.....

	<b>YES</b>	<b>NO</b>
Is the child accustomed to exercise?		
Does the child have any medical condition, which may affect their ability to participate in sport?		
Is the child taking any drugs or medication?		
Is the child recuperating from a recent operation or illness?		
Does the child often get headaches, feel faint or dizzy?		
Does the child suffer from either pain or limited movement in any joints?		
Is there a history of heart disease in the child's family?		
Has the doctor ever said that the child has heart disease?		
Has the doctor ever said that the child has high blood pressure?		
Does the child have any other cardio vascular problems?		

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

.....  
 .....

**SIGNATURE**.....

**DATE**.....