## Shepparton Runners Club INC. A0000513M

## 2018 Membership Form

Membersh	ip Fee (January	1st - Decembe	er 31st)		
◯ Single \$120	◯ Family \$180	_	-	O Adult Running J Junior Running	
Payment					
Cash C	Cheque Payable to Shepparton	Runners Club	to Sheppar BSB: 8030 Please use	ic Payment ton Runners Club 78 Acc: 100011784. your full name as refereng payment.	nce
Details					
Full Name				Male/Female	Date of Birth
Other members co	vered by family mem	bership:			
Full Name				Male/Female	Date of Birth
				'	
Phone:	Ema	l Address			
Please join our She	epparton Runners Clu	ıb Facebook Pa	age to keen up to	date with club activitie	S
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<b>Emergency Contac</b>	ct: Name			Phone	
in club activities unless I ar injury, falls, contact with course, all such risks being Photo Release: I hereby gramerchandise. I release SRO	n fully informed and aware tham medically fit and able to safether participants/obstacles, to gknown and apparent by me. ant the Shepparton Runners Cofform all liability of any nature	ely participate. I assur he effects of weather lub (SRC) permission in the use of any elect olished	me all risks associated or, such as heat and/or he to use my image in good ronic or film image and/or	potentially hazardous. I unders with all club activities including numidity, the conditions of the l taste in promotional materials, or audio advertising purposes.	, but not limited to, personal road/trails and traffic on the
Signature of Applic	cant	D	ate		
Signature of Paren (Persons under the age	t or Guardian of majority (18 years) will r		ate o sign on their behalf,	)	

Every person: spectator, player, club member, official, participant, administrator, coach, parent or member of the community involved with the Shepparton Runners Club, should work to ensure: inclusion of every person regardless of their age, gender or sexual orientation. Inclusion of every person regardless of their race, culture or religion. Opportunities for people of all abilities to participate in the sport and develop to their full potential. Respect is shown towards others, the club and the broader community. A safe and inclusive environment for all. Elimination of violent and abusive behaviour. Protection from sexual harassment or intimidation.

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Signature of Parent or Guardian

(Persons under the age of majority (18 years) will require a guardian to sign on their behalf)

## **Athlete Medical Profile**

Current medical prol	blems	·		
Regular medications	sincluding	suppliments	s, stating name and dosage	
Allergies				
411016100				
 Sports Iniuries (Plea	se list anv	injurv which	is current/recurring or requiries surgery)	
sporto injuntos (r tod	ioo not any	injury willon	To carrons, rocarring or requires ourgory,	
Past Med	ical	Inforn	nation	
	ical I	Inforn	•	: Have you custoined
ave you had			Do you wear	Have you sustained
ave you had Epilepsy	Yes 🔾	No 🔾	Do you wear  Glasses Yes O No O	A fracture in the last 3 years
ave you had			Do you wear	A fracture in the last 3 years Yes O No O
ave you had Epilepsy Diabetes	Yes () Yes ()	No ○ No ○	Do you wear  Glasses Yes O No O  Contact Lenses	A fracture in the last 3 years
ave you had Epilepsy Diabetes Heart Problems Heart Murmur	Yes () Yes () Yes ()	No () No () No ()	Do you wear  Glasses Yes O No O  Contact Lenses  Soft Yes O No O	A fracture in the last 3 years Yes O No O
Epilepsy Diabetes Heart Problems Heart Murmur sthma/Bronchitis Hernia	Yes O Yes O Yes O Yes O Yes O	No ()	Do you wear  Glasses Yes O No O  Contact Lenses  Soft Yes O No O  Hard Yes O No O	A fracture in the last 3 years Yes No No Where?
Epilepsy Diabetes Heart Problems Heart Murmur sthma/Bronchitis	Yes O Yes O Yes O Yes O	No () No () No () No ()	Do you wear  Glasses Yes O No O  Contact Lenses  Soft Yes O No O  Hard Yes O No O	A fracture in the last 3 years Yes No No Where?  A dislocation
Epilepsy Diabetes Heart Problems Heart Murmur Asthma/Bronchitis Hernia Concussion	Yes O Yes O Yes O Yes O Yes O Yes O	No ()	Do you wear  Glasses Yes No Contact Lenses  Soft Yes No Contact Lenses  Hard Yes No Contact Yes No Contact Yes No Contact Yes Contact Yes No Contact Yes Contact Yes No Contact Yes Yes No Contact Yes Yes No Contact Yes Yes No Contact Yes Yes Yes No Contact Yes	A fracture in the last 3 years Yes O No O  Where?  A dislocation Yes O No O
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