

2018 Membership Form

Membership Fee (January 1st - December 31st)

- Single \$120 Family \$180 Adult Running Top \$30 Adult Running Jacket \$60
 Junior Running Top \$20 Junior Running Jacket \$50

Payment

- Cash Cheque
Payable to Shepparton Runners Club
- Electronic Payment**
to Shepparton Runners Club
BSB: 803078 Acc: 100011784.
Please use your full name as reference
when making payment.

Details

Full Name	Male/Female	Date of Birth

Other members covered by family membership:

Full Name	Male/Female	Date of Birth

Phone: _____ Email Address _____

Please join our Shepparton Runners Club Facebook Page to keep up to date with club activities.

Emergency Contact: Name _____ Phone _____

Release and Waiver

I, the Member/Guardian am fully informed and aware that running and participating in club activities are potentially hazardous. I understand I should not participate in club activities unless I am medically fit and able to safely participate. I assume all risks associated with all club activities including, but not limited to, personal injury, falls, contact with other participants/obstacles, the effects of weather, such as heat and/or humidity, the conditions of the road/trails and traffic on the course, all such risks being known and apparent by me.

Photo Release: I hereby grant the Shepparton Runners Club (SRC) permission to use my image in good taste in promotional materials, posters, websites and other merchandise. I release SRC from all liability of any nature in the use of any electronic or film image and/or audio advertising purposes.

I **DO NOT** wish to have my photo published

Signature of Applicant

Date

Signature of Parent or Guardian

Date

(Persons under the age of majority (18 years) will require a guardian to 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.

Athlete Medical Profile

Current Medical Information

Current medical problems

Regular medications including suppliments, stating name and dosage

Allergies

Sports Injuries (Please list any injury which is current/recurring or requiries surgery)

Past Medical Information

Have you had...

- | | | |
|-------------------|---------------------------|--------------------------|
| Epilepsy | Yes <input type="radio"/> | No <input type="radio"/> |
| Diabetes | Yes <input type="radio"/> | No <input type="radio"/> |
| Heart Problems | Yes <input type="radio"/> | No <input type="radio"/> |
| Heart Murmur | Yes <input type="radio"/> | No <input type="radio"/> |
| Asthma/Bronchitis | Yes <input type="radio"/> | No <input type="radio"/> |
| Hernia | Yes <input type="radio"/> | No <input type="radio"/> |
| Concussion | Yes <input type="radio"/> | No <input type="radio"/> |

Do you wear...

- | | | |
|----------------------|---------------------------|--------------------------|
| Glasses | Yes <input type="radio"/> | No <input type="radio"/> |
| Contact Lenses | | |
| Soft | Yes <input type="radio"/> | No <input type="radio"/> |
| Hard | Yes <input type="radio"/> | No <input type="radio"/> |
| Protective Equipment | Yes <input type="radio"/> | No <input type="radio"/> |

Have you sustained...

- A fracture in the last 3 years
Yes No

Where?

- A dislocation

- Yes No

Where?

Do you suffer from...

recurring pain in any joint or muscle?

- Yes No

Where?

Back / Neck Pain

- Yes No

Have you ever...

been treated for a head,neck or spinal injury

- Yes No

Details

Dose this affect your performance

To the best of my knowledge, all information on this medical form is correct

Signature of Applicant

Date

Signature of Parent or Guardian

Date

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