

TEAM: KEELE

# Club Membership Form



Club:  Paid:  Yes  No

Name:

DOB:  Keele Card No:

Home Address:

Postcode:

Term Time Address:

Postcode:

Tel:

Email:

Course:  Year of Study:

Level of Competing:

Sporting Qualifications:

# Please inform the Athletic Union if you are currently under the age of 18

## Activities Participation Statement

It is YOUR responsibility to ensure that you are fit to take part in your chosen activity. Should you have a medical condition which may affect your participation, please check with your G.P. before commencing your chosen activity.

## Terms and Conditions

In signing this form you are agreeing to abide by all rules of both Keele Athletic Union, and of the individual club. In particular rules governing the financial aspect of the Athletic Union, and of the Club.

I have read, understood and agree to act in accordance with the above statements.

Signed:

Date:

