



Want to have a try out with Saffron Striders? You can attend a few sessions free. COVID 19 has altered the way we have to do things though. Please complete this form and email it to membership@saffronstriders.org.uk **Our membership office will then get in touch to tell you what we are doing and the precautions we have to take. We do need to know details in advance of non-members so please dont turn up without having sent your form to our membership officer.**

Our Captains are Alan Jones and Charlotte Diggins who will always point you in the right direction.

If you then want to join Striders, please download a membership application form from here :- <https://www.saffronstriders.org.uk/downloads/>

Wishing you good running!

Section A : Athlete Details (Print please)

First name		Surname		Male or Female	
email			Preferred phone no		

Section C: Medical information and or additional support needs. For completion by all Athletes

I confirm that to the best of my knowledge that I can undertake physical activity without it being injurious to my health, nor do I have any ailments that will cause my health to be jeopardised by physical activity. The onus is always on me to decide if I am sufficiently healthy to run.

Please write below any important physical and mental medical information we should be aware of that may affect you when running (e.g. epilepsy, asthma, diabetes, allergies, heart problems, joint problems, blood pressure, anxiety, ongoing injuries etc). Also please note here any issues that may make you less able and in need of additional support (e.g. impaired vision, loss of digits etc). **Do NOT leave blank**, write **NONE** if that is the case.

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Do not leave blank. Please write NONE if that is the case

Do you have any condition that requires medication? **Do NOT leave blank**, write **NONE** if that is the case.

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Do not leave blank. Please write NONE if that is the case

By completing this form I agree that Saffron Striders Running Club (SSRC) will not be liable for any injury or illness resulting from my participation in any club activity or event. I understand that participation in this club is entirely at my own risk and I should consult my own doctor if I am suffering from any condition that might make running injurious to my health. I consent that the medical and support information that I have given may be shared with coaches and other parties who provide the club with assistance and information on health and safety or for the purposes of the delivery of my safe participation in club activity.

Section D: Emergency Contact details for completion by the Athlete

Please complete the boxes below with details of who should be contacted in case of incident/accident

Name (Print)		Phone number	
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Section I: Public and Product Liability Insurance

England Athletics through UKA provide affiliated clubs, including SSRC, and club members with public and product and liability cover. See here <https://www.englandathletics.org/clubs-and-facilities/club-support-services/insurance/> for a summary of the cover and a link to the UKA insurance policy documents. Neither England Athletics nor the Club provides personal liability cover, which is the responsibility of individuals to obtain should they wish.

Trialists are insured for a small number of sessions if they have properly completed this form and made the club aware they are a trialist.