

GOODWOOD HARRIERS



PAYMENT DETAILS:

GOODWOOD HARRIERS RUNNING CLUB

ABSA CURRENT ACCOUNT

ACCOUNT NUMBER 930 329 5183

REFERENCE: NAME+SURNAME+SUBS

EMAIL PROOF TO goodwoodharriers@gmail.com

REGISTRATION FORM

PERSONAL INFORMATION

SURNAME: _____ TITLE: _____

NAME: _____ INITIALS: _____ GENDER: M / F

DATE OF BIRTH: _____ ID NUMBER: _____

CELL NR: (_____) _____

EMAIL: _____

HOME ADDRESS: _____

_____ POSTAL CODE: _____

COMPANY NAME: _____ OCCUPATION: _____

EMERGENCY CONTACT PERSON 1: _____ CONTACT NR: _____

EMERGENCY CONTACT PERSON 2: _____ CONTACT NR: _____

MEDICAL AID: _____ NUMBER: _____

RUNNER INFORMATION

RETURNING GWH MEMBER? Y / N HAVE YOU REGISTERED ON ASA? Y / N

TRANSFER FROM ANOTHER CLUB? Y / N TRANSFER / CLEARANCE LETTER PROVIDED? Y / N

CLUB NAME: _____ LAST REGISTRATION YEAR: _____

LAST LICENSE NUMBER: _____

CONFIRMED WITH PREVIOUS CLUB THAT YOU HAVE TRANSFERRED TO GWH ON ASA? Y / N

I affirm that all the information provided on this application form is true and correct. I affirm that I have read the rules of Goodwood Harriers Running Club and agree to abide by them when participating in scheduled training runs and arranged races. I indemnify Goodwood Harriers Running Club, its sponsors, trainers, committee and fellow members against all and any action of whatever nature that may arise from my participation. I agree that it is my responsibility to be medically fit to compete in any event. I consent to having my birthday and photos shared on Goodwood Harriers Running Club's social platforms.

SIGNATURE: _____ DATE: _____

Parent / guardian to sign if applicant is younger than 18 years of age when completing this form.

FULL NAME OF GUARDIAN: _____ SIGNATURE: _____