

BARNSELY HARRIERS

TRIAL

membership

Valid for one month from:

Block capitals please

Name _____

Address _____

Post Code _____ Tel. No. _____

Date of Birth _____ Minimum membership age 16*

I apply for a free one month Trial Membership with Barnsley Harriers. I certify that I am medically fit to run*. I agree that Barnsley Harriers will in no way be held responsible for any injury or illness incurred to my person as a result of running with the club

*If you have an history of illness or a medical problem, Barnsley Harriers require a letter of consent from your G.P.

Signature _____ Date _____

Signature on behalf of Barnsley Harriers _____

Please return to: Rachel Nothard (Membership Secretary), Barnsley Harriers,
c/o The Old Vicarage, 17-21 Church Street, Darton, Barnsley. S75 5HF.