

# FRAME RUNNING GIANTS GLOUCESTERSHIRE MEMBERSHIP FORM



Membership year 2024/25

Please ensure all sections of this form are completed.

## Participant Details

- Participant's Name:
- Date of Birth:
- Email Address:
- Mobile Number:
- Home Address:
- Postcode:

## About Your Frame Running Journey

- How did you hear about Frame Running?
- How long have you been running?
- What other sports do you do?
- What do you enjoy most about Frame Running?
- Is there anything else you'd like the club to offer?

## Health and Accessibility

- Medical Notes (e.g., allergies, epilepsy):

- **Any Health Conditions We Should Be Aware Of?:**

- **Medication or Therapies:**

- **Preferred Way to Communicate:**

- **Makaton Usage (if applicable):**

- **Any Sensory, Visual or Hearing Needs:**

## **Consent and Declaration**

I confirm that the information I have provided in this form is accurate and up to date. I understand that it is my responsibility to inform Frame Running Giants Gloucestershire of any changes to this information.

- **Name:**
- **Adult participant or Parent/Carer (please specify):**

I understand that I am responsible for myself / my child during all sessions. Leaders and volunteers are available to assist.

- **Date:**
- **Signature:**

## **Image Consent**

I give permission for images of myself / my child to be taken during sessions and used for club publicity.

Yes

- **Date:**
- **Signature:**

## **Payment Information**

**Session Fee: £5**

**Payment Instructions:** [Insert Instructions, e.g., Cash on arrival or Bank Transfer]

**We charge £5 per session. Please bring cash on the day or send by bank transfer to:**

**Account Name: Frame Running Giants Gloucestershire**

**Account Number: 48419648**

**Sort Code: 52-41-56**

## **Next Steps**

Please return the completed form to [Insert Email Address or Postal Address]. We look forward to welcoming you to Frame Running Giants Gloucestershire!