

B.A.C. MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN
BLOCK CAPITALS



BAC No. _____

ASA No. _____

SECTION A: ATHLETE DETAILS

Title (Mr/Miss/Ms/ Dr)		Nationality	
First Name		Surname	
Address		ID/ Passport No.	
		Postcode	
Telephone	()	Date of Birth (DD/MM/YY)	
Cell Number		Male/ Female	
Email Address			
Do you participate in any other sports activities? (If yes, state which kind, e.g swimming, cycling, etc..)			

SECTION B: ATHELETE INFORMATION

Road Runner		Trail		Walker		Other	
If Other Specify							
Type of Athlete	Novice/ Beginner			Practiced Athlete			
Average Distance Covered per week							
0 - 10km		11 - 25km		26 - 45km		46 - 100km	

What is your desired running goal? e.g. lose weight, improve pace, complete a marathon, comrades marathon

SECTION C: NEXT OF KIN/ PARTNER/ PARENT DETAILS (noting that if the runner is under 18 yrs)

First Name		Surname	
Address			
		Postcode	
Telephone	()	Email Address	
Cell Number			

BANKING DETAILS

- BANK: FIRST NATIONAL BANK (FNB)
- ACC NO: 62798651925
- ACC HOLDER: BELLA'S ATHLETICS CLUB
- REF: NAME+SURNAME, e.g. James Zuma 2020

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SECTION D: MEDICAL INFORMATION

Medical Aid		Medical Aid No.	
Doctors Name		Doctor's Contact No.	
Do you have any allergies?	Yes		No
If any allergies, state them			

Please detail below any important medical information that our coaches/ coordinator should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

SECTION E: EMERGENCY CONTACT

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Contact Name		Contact No.	
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SECTION F: CONSENT

I hereby certify that the above details are correct and that the Club will not be liable for any injury or illness resulting from my participation in the sport.

P.S. Note that if the runner/ athlete is under 18 years, the guardian/ parent must sign the below to give consent for the minor to participate in the sporting activities.

Signature of Member/ Guardian/ Parent:

Date:

Application must be accompanied by either of the following:

ID Copy
 Driver's License
 Passport

<u>ANNUAL FEE</u>		
SOCIAL RUNNER (BAC MEMBERSHIP ONLY)	R150	<input type="checkbox"/>
BAC MEMBER + ASA LICENCE	R300	<input type="checkbox"/>