

RECEIPT NO. ....

# SPARTAN HARRIERS CLUB

NPO No. 187-469  
Founded 1901



## SEPTEMBER 2017 BEGINNERS PROGRAMME APPLICATION FORM

*Please Print Clearly*

P O Box 422  
BERGVLIET  
7945

Title .....SURNAME .....

e-mail:  
[administrator@spartanharriers.co.za](mailto:administrator@spartanharriers.co.za)

First Name .....

Identity Number ..... Date of Birth ...../...../ .....

Home Address ..... Suburb .....

Postal Code .....

Home Telephone Number .....

Work Telephone Number .....

Cell Phone Number .....

E-Mail Address .....

Discipline: Runner ..... Walker ..... Junior Runner (12-16 years old) .....

Emergency Contact Person ..... Contact Number .....

Medical Aid Scheme ..... Yes ..... No. ....

I certify that the above details are true and correct and that the Club will not be liable for any injury, illness or death resulting from my participating in the programme or any other Club associated activities. I indemnify the Club against all and any action of whatever nature which may arise out of my participation and I agree that it is my responsibility to be medically fit to compete in the above programme.

.....

Date .....

Participant / Guardian