

STADIO



**ATHLETICS
CLUB**

PERSONAL DETAILS

NAME & SURNAME:

ID NUMBER:

CONTACT NUMBER

EMAIL ADDRESS:

EMERGENCY CONTACT NUMBER

PHYSICAL ADDRESS

WHERE THE KIT WILL BE SENT

STADIO STUDENT NUMBER

IF APPLICABLE

STADIO EMPLOYEE NUMBER

IF APPLICABLE

KIT SIZE REQUIRED

INDEMNITY

I, _____ IDENTITY NUMBER _____

HEREBY APPLY FOR MEMBERSHIP OF STADIO ATHLETICS CLUB AND AGREE TO ABIDE BY THE CONSTITUTION AND RULES OF THE CLUB, AGN AND ASA. MY PERSONAL DETAILS ARE GIVEN ON THE ACCOMPANYING ASA LICENSE APPLICATION.

I ACKNOWLEDGE THAT PARTICIPATION IN ALL EVENTS ORGANISED BY THE CLUB IS AT MY OWN RISK. I ABSOLVE THE CLUB AND ITS SPONSORS AGAINST ANY CLAIMS WHICH MAY ARISE DIRECTLY OR INDIRECTLY AS A RESULT OF MY PARTICIPATION IN SUCH EVENTS.

SIGNED: _____ DATE: _____ -