

Longford Athletic Club –Senior Section

Application Form

Name	
Address	
Date of Birth	
Gender	
Mobile Tel Number	
Telephone No. Evening	
E-Mail Address	
Any Medical Conditions	
I enclose annual membership of €20.00 (Includes registration to AAI) I accept that Longford Athletics Club is not liable for my health or possessions during any activities and that I participate at my own risk.	
Signature of Athlete	
Date	

What exercise do you do at the moment?	
What are your personal goals for the Fit4life programme?	

Previous Athletic club memberships

Name of Club:	
When Finished With Previous Club	