

Newport Outdoor Group

Participation Statement and Personal Details

Participation Statement: All walks and outdoor activities carry risks of accident or injury. Participants should be aware of and accept these risks and be responsible for their own actions. Participants should also ensure that they are in good health, of sufficient fitness and have the correct clothing and equipment for a particular activity.

Subscriptions: Current subscriptions are: £15 / year (renewal is 12 months from the date you join).

You are welcome to attend a small number of events prior to joining the group. During this time you will be a temporary member of the group. Subscription becomes due after your 3rd event with the group.

Please consider paying your subscription by standing order to reduce the amount of administration. If you do set up a standing order, when complete, please notify the group secretary via email (secretary@newportoutdoorgroup.co.uk)

To pay your subscription via bank transfer or standing order use the following bank details (note the group account is a BUSINESS ACCOUNT)

Account Name : NEWPORT OUTDOOR GROUP/YHA/

Sort Code: 309600 Account Number: 00294858

Please include your initials in the Reference on the bank transfer.

Question: Where did you find out about Newport Outdoor Group? Please answer here

Personal Details: We would appreciate it if you would complete the membership details below, although it is not compulsory. You can request below for your email address to be available to all members, but other details will only be available to committee members. If you require additional privacy, then please let us know.

No details will be sent to outside organisations

Please email your completed Participation Statement to secretary@newportoutdoorgroup.co.uk

Name:.....

Home Tel. No:..... Mobile Tel. No:.....

Address:.....

Postcode:.....

Email Address:.....

Would you like to receive the group weekly e-newsletter? Y/N.....

I would like my email address to be added to the published group email circulation list Y/N:

Emergency Contact Details:

Any medical conditions that may affect you on outdoor activities:.....

I have read and understood the Participation Statement –

Signed: Date: