

PERSONAL DETAILS AND DISCLAIMER

**Please print your details clearly, complete in full and return to your Group Leader.**

**Full Name (inc title)**

|  |
| --- |
|  |

**Address (inc postcode)**

|  |
| --- |
|  |

**Email**

|  |
| --- |
|  |

**Phone (inc STD code for landline)**

|  |
| --- |
|  |

**DOB**

|  |
| --- |
|  |

**Gender (circle) Are you classed as having a disability? (circle)**

 **M F Y N**

**Nationality**

|  |
| --- |
|  |

**Are you a Welsh speaker? (circle)**

 **Y N**

**Emergency contact details (name, address and phone number)**

|  |
| --- |
|  |

**How did you find out about the group?**

|  |
| --- |
|  |

**What would you like to get out of the group?**

|  |
| --- |
|  |

**Do you have any health considerations we ought to know about? If YES, please explain (includes diabetes, high blood pressure, asthma, back pain, heart problems, previous injuries, joint problems, any condition requiring medication:-**

|  |
| --- |
|  |

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

Running Group Coaches and Leaders are qualified and are willing to share their experience and enjoyment of the sport. I confirm that I understand that participation in this group is entirely at my own risk and I should consult my own doctor if suffering from any condition that might make running injurious to my health.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Parent/Guardian’s signature if under 18 years of age)*