



NAME:

DOB:

ABOUT YOU

ADDRESS :

TEL NO.

MOBILE NO.

OCCUPATION :

EMAIL :



@rundolliesrun



Dolly Mixtures Running Group

EMERGENCY CONTACT NAME :

EMERGENCY CONTACT TELEPHONE :

DOCTOR: TEL NO:

I.C.E.

Do you have any medical conditions we should know about (please detail) ?

.....

Do you take any medication with you when running and if so where is it kept?

.....

Do you suffer from :

- | | | | | | |
|----------|-----------------------|---------------------|-----------------------|-------------------|-----------------------|
| Asthma | <input type="radio"/> | Heart Problems | <input type="radio"/> | Joint problems | <input type="radio"/> |
| Diabetes | <input type="radio"/> | High Blood Pressure | <input type="radio"/> | Back pain | <input type="radio"/> |
| | | | | Previous injuries | <input type="radio"/> |

Asthma – Please ensure that you carry your inhaler if you have one

Nearly there, keep going



HEALTH

GOALS

What is your exercise experience (current / previous) :

.....
.....

What are your goals or reasons for participating in running?

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.....

DECLARATION :

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

I am aware that I must feel well prior to each session and will notify the leaders should I feel unwell at any time during the session. I understand that my participation and safety are my responsibility.

SIGNED :

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SIGNED BY ACCOMPANYING ADULT (IF UNDER 16) :

.....

DATE :

.....



RUNNING FOR FUN, FRIENDSHIP AND FITNESS