|  |  |
| --- | --- |
| **Your Details** | **Next of Kin (emergency contact)** |
| Full Name |  | Full Name |  |
| Address | Address |  |
| Postcode  |
| Date of birth / /  | Relationship to you |  |
| Telephone/Mobile | Telephone/Mobile |  |
| Email |
| **Additional information** |
| Are you currently involved in other form/s of exercise?If yes, please state. | YesNo | Have you done any running before?  | YesNo |
| How did you find out about the group? |  |
| **Health and disabilities** |
| Do you have any health considerations we ought to know about? | Yes NoIf YES, please explain |
| Disability Category  |
| Do you suffer from any of the following?(please tick) |   | Diabetes  |  | High Blood Pressure |
|  | Heart problems |  | Joint problems  |
|  | Back pain |  | Asthma  |
| Any condition requiring medication: |  |
| Other conditions including previous injuries (please detail) |  |
| Declaration – please read the declaration below and confirm that you agree |
|  |
| Date**Registration Form- Affiliation to UK Athletics - £12 fee for April 2015 to April 2016.****Name: Date of Birth: / /** **Address:****Date:** | Sign  |