|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | Yes  No | Have you done any running before? | | | Yes  No | | |
| How did you find out about the group? | | |  | | |
| **Health and disabilities** | | | | | | | |
| Do you have any health considerations we ought to know about? | | Yes No  If 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 | | | | | | |