

Wootton Road Runners



New Runners Induction Form (Please complete and bring to your first session)

THIS IS NOT A MEMBERSHIP FORM, GO TO CLUB WEBSITE FOR THIS.

Personal Details

Name:	
Address:	
Postcode:	
Tel. Number:	
Email:	
Date of Birth:	

Emergency Contact

Name:	
Tel. Number:	

Medical Details

Do you have a history of any of the following? (please tick all that apply)

Heart condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma/Respiratory Disease	<input type="checkbox"/>	Joint or back problems	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

If you suffer from any of the above, please provide details and any medication you use. Are you or have you been pregnant in the last six months? Yes / No

Exercise Experience (Please tick all that apply).

Run as part of an exercise regimen	<input type="checkbox"/>	Use a gym	<input type="checkbox"/>
Attend exercise classes	<input type="checkbox"/>	Cycle	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

Racing Experience

Don't worry if you have never raced before, this is just to give us idea of which group will be most appropriate for you. Please tick all that apply and give a time if possible.

No race experience	
5K	Time: _____
10K	Time: _____
Half Marathon	Time: _____
Marathon	Time: _____
Charity event	Time: _____

PLEASE ATTACH A COPY OF A PHOTOGRAPH OF YOURSELF (doesn't need to be a passport photo).

Disclaimer

I understand that the training sessions are physically demanding and accept full and complete responsibility for my participation. I agree to hold Wootton Road Runners and their group leaders free and harmless of any and all liability for any injury or health problem that may result from or be aggravated by my participation in the sessions.

Signed: _____ Date: _____