

# Chippenham Harriers Beginners Registration Form



*(To be completed by **All Beginners**. Please print in block capitals)*

## PERSONAL DETAILS

<b>First Name/ Surname</b>																																
<b>Date of Birth</b>									<b>Age</b>									<b>Male</b>	<input type="checkbox"/>													
																		<b>Female</b>	<input type="checkbox"/>													
<b>Address</b>																																
<b>Post Code</b>									<b>Contact Phone Number</b>																							
<b>Email Address</b>																																

## MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies, medication taken etc.)

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## EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name: .....Emergency contact number: .....

HOW FIT ARE YOU?		WHAT WOULD YOU LIKE TO ACHIEVE?	
Have run in the past		Learn to run	
Returning beginner		Lose weight	
Little running experience		Complete a 5k	
Never run before		Improve my running	
Other		Other	

Chippenham Harriers highly recommend the use of high visibility vests when running out on the streets.

Participants are reminded that they are responsible for their own safety whilst taking part in beginners' sessions. Please sign here to indicate that you accept this:

Signature: .....Date: .....