

Chippenham Harriers Beginners

Registration Form



Personal Information	
Full Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Tel:
Email Address:	
Address:	
Emergency Contact	
Full Name:	Relationship:
Tel:	
Medical Information	
Please detail any important medical information that our leaders should be aware of (e.g. epilepsy, asthma, diabetes, disabilities, impairments, allergies, medication taken).	
About You	
How fit are you? How much running have you done previously? What would you like to achieve?	
Declaration	
I hereby apply to join the Chippenham Harriers Beginners program, which is affiliated to UK Athletics and England Athletics. I understand that I am responsible for my own health and fitness and agree that Chippenham Harriers cannot be held responsible for any injury incurred while taking part in any activities. I will advise a Coach or Leader of any medical issues prior to participation each time I attend.	
Signature:	Date:

Each week we send out an email containing the homework for the upcoming week, important information and helpful tips. If you would like to receive this weekly email, please tick the box below.

I give permission to receive emails about the Chippenham Harriers Beginners Course.

Please arrive in plenty of time. We start each session with a club "shout" at 6:30pm to let everyone know about any important information and upcoming events. Please also ensure you wear decent running shoes and clothing for the season. High visibility clothing is encouraged. No headphones.