



NON MEMBERS REGISTRATION FORM 2017

PLEASE COMPLETE IN BLOCK CAPITALS

TITLE: (Please circle)	Mr / Mrs / Miss / Ms / Other	TEL No.:	
SURNAME:		D.O.B.:	
FORENAME:			
ADDRESS:			
POSTCODE:			
EMAIL ADDRESS:			
EMERGENCY CONTACT NAME:		TEL No.:	
PLEASE COMPLETE IF YOU ARE A QUALIFIED	COACH / LEVEL		FIRST AIDER

Have you ever been advised by a Doctor or any other Medical Practitioner against taking part in any sport or physical exercise? If YES please provide details of any condition that you feel the club needs to be aware of:

In a few words, please advise what you are hoping to get out of the training, i.e. general fitness, 5K, 10K etc.

DECLARATION:

I understand that I am taking part in any organised activity with Quakers Running Club at my own risk, that I am only covered by the clubs England Athletics Coaches Insurance for the trial period, and will not be then fully covered until such time that I take out membership with Quakers or another affiliated running club. (Fuller details as to the insurance can be found at www.englandathletics.org).

I understand that my details will be kept confidential, however that the club will send a follow up email to me in a few weeks regarding my experience with the club.

I understand that there will not be any charge for any initial training sessions with the club, but that after a period of a month, unless otherwise agreed, should I wish to continue to take part in the organised activities, that it is expected that I will then apply for membership with Quakers Running Club.

(More information can be found on the clubs noticeboard and website www.quakersrunningclub.org.uk.)

Signature _____ Date _____