



Mounts Bay Harriers - Registration Form

Title: Mr Mrs Miss Ms Other:

Forename:

Surname:

Date of Birth: / /

Gender: Male Female

Postcode:

House number or name:

Email Address:

How often do you currently exercise per week?

0 Days 1 Day 2 Days 3 Days 4 Days 5 Days +

Disclaimer and Personal Details (This tear off slip will be held by your Run Leader)

Name:

Next of Kin: Contact Number:

What would you like to get out of the group:

Get Fitter Lose Weight Run Local Events Improve Meet New people

Do you have any health considerations that we need to be aware of? Yes No

If Yes, please explain:

Do you suffer from any of the following: Diabetes Heart Problems Joint Problems High Blood Pressure
Asthma Back Pain Previous Injuries

PLEASE READ THE FOLLOWING AND SIGN BELOW

Mounts Bay Harriers' Leaders are qualified leaders and are willing to share their experiences and enjoyment of the sport with me. I confirm that I understand that participation in this group is entirely at my own risk and should consult my own doctor if suffering from any condition that might make running damaging to my health.

SIGNED:

DATE: