



[www.slinnallstars.co.uk](http://www.slinnallstars.co.uk)

## SLINN ALLSTARS RUNNING CLUB REGISTRATION FORM

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Conditions: YES/NO

If YES give details: \_\_\_\_\_

Medication: YES/NO

If YES give details: \_\_\_\_\_

Consulted Doctor: YES/NO

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone/Mobile: \_\_\_\_\_

T-Shirt Size: SMALL/MEDIUM/LARGE/X-LARGE/OTHER

### **Declaration**

- I am aware of and understand the potential risks associated with physical exercise and I am voluntarily partaking in the activity at my own risk. I have had an opportunity to ask questions regarding this activity and any questions have been answered to my satisfaction. The above information has been completed to the best of my knowledge and belief. I understand that if there are any changes in my health and/or conditions at all I must inform **Slinn Allstars** as soon as they are known. Without prejudice to the above, **Slinn Allstars** accepts no liability for any loss or damage of whatsoever nature and however arising caused to me or suffered by me whilst partaking in this activity.*
- I have read and understand the **Slinn Allstars Risk Assessment**, which is available online or hard copy at St John's Church Hall. Having studied the Risk Assessment if I have any queries or concerns, I will raise them at the earliest opportunity with either the Chairman or Secretary of **Slinn Allstars** both of whom are identified on the **Slinn Allstars** website.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_