



The Saxmundham Running and Fitness Club

Application form for Beginner Running Course

Forename	Surname
Home Tel	Mobile
Date of birth	Email address

Do you suffer from any medical conditions (e.g. asthma, diabetes, epilepsy, allergies or a heart complaint)? **Yes / No**

If you answer yes to any of the above, you need to take responsibility for letting the course leader know. In case of accident or injury please contact:

Emergency contact name:

Tel no:

Relationship to you:

I have paid £20 to the Saxmundham Running and Fitness Club as my Beginner Running Course fee. I accept that I wish to participate in the activities offered by the Saxmundham Running and Fitness Club and that by doing so there is a risk of injury. I confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommended to me and that I am medically fit to do so.

Signature

Date