Registration and Personal Details

Please answer the questions below and return the form to your "*YOU CAN RUN"*  Group Leader.

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| **First name:** | **How did you hear about *YOU CAN RUN?*** |
| **Family name:** | **Do you have any health issues we should know about?** YES\* / NO |
| **Address:** | \***Please tell us about your health issues** |
| **Postcode:** | **Have you done running before?** YES\* / NO |
| **Phone:** | \***How far/how often?** |
| **Email:** | **Do you do other exercise?** YES\* / NO |
| **Date of birth:** | \***What and how often?** |
| **Sex:** | **Do you take any medication?** YES\* / NO |
| **Emergency contact:**  (someone we can contact in case of a problem)  Name:  Relationship to you:  Mobile:  Email:  Address (if different to yours); | \***What and how often?** |
| **Do you suffer from any of the following:**  Please underline any that apply  Diabetes Heart problems Angina Asthma Joint problems Back pain High blood pressure Other (please say what) |
| **What would you like to get from the group?**  Please underline any that apply  Physical fitness Mental fitness Lose weight  Make new friends Other (please say what) |
| **Please read the following and sign below.**  RunTogether Group Leaders are qualified and are willing to share their experience and enjoyment of the sport with me. I confirm that I understand participation in this group is entirely at my own risk and should consult my own doctor if suffering from any condition that may make running injurious to my health. | |

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| **Signed:** | **Date:** |

**Payment details**

**2025 rates**

Full ten-week programme £30.00

Please make all payments by BACS to:

**Community Account, Eynsham Roadrunners**

sort code: **30-19-83**

account number: **00070886**

Please reference ‘YCR Your First Name’