

# Low Fell Running Club

New Runners Induction Form (Please complete and bring to your first session)

THIS IS NOT A MEMBERSHIP FORM, GO TO CLUB WEBSITE OR ASK CLARE BREWIS FOR THIS.

## Personal Details

Name:	
Address:	
Postcode:	
Tel. Number:	
Email:	
Date of Birth:	

## Emergency Contact

Name:	
Tel. Number:	

## Medical Details

Do you have a history of any of the following? (please tick all that apply)

Heart condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma/Respiratory Disease	<input type="checkbox"/>	Joint or back problems	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	_____	

If you suffer from any of the above, please provide details and any medication you use. Are you or have you been pregnant in the last six months? Yes / No

## Exercise Experience (Please tick all that apply).

Run as part of an exercise regimen	<input type="checkbox"/>	Attend exercise classes	<input type="checkbox"/>
Use a gym	<input type="checkbox"/>	Cycle	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	_____	

## Racing Experience

Don't worry if you have never raced before, this is just to give us idea of which group will be most appropriate for you. Please tick all that apply and give a time if possible.

No race experience	<input type="checkbox"/>	Charity Race	<input type="checkbox"/>
5K	<input type="checkbox"/>	Time	_____
10K	<input type="checkbox"/>	Time	_____
Half Marathon	<input type="checkbox"/>	Time	_____
Marathon	<input type="checkbox"/>	Time	_____

Have you ran with another club previously? Yes / NO

If Yes, please specify which club and when \_\_\_\_\_ Date: \_\_\_\_\_

## Disclaimer

I understand that the training sessions are physically demanding and accept full and complete responsibility for my participation. I agree to hold Low Fell Running Club and their group leaders free and harmless of any and all liability for any injury or health problem that may result from or be aggravated by my participation in the sessions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_