



C25K Membership Application Form - April 2019

Personal Details

Name:		
Address:		
Postcode:		
Date of Birth:		
Mobile Number:		
E-mail:		
Emergency Contact Name:		
Emergency Contact Number:		
Do you have any medical conditions that you think Broseley Joggers should be aware of? If yes, please give details of medical conditions and medications that you need to carry	YES / NO	
What is your motivation or goal for doing the C25K?		
Do you belong to another Running club		
If yes, please state name of		
Please give Registration Number for England Athletics		

Declaration

I agree to abide by Broseley Joggers Club rules (copy can be found at <http://www.broseleyjoggers.org>).

I confirm that I understand that participation is entirely at my own risk and I should consult with my own doctor if suffering from any condition that might make running injurious to my health.

I acknowledge that the club bears no responsibility for accident, illness, loss or damage as a result of my membership.

Signed _____ Dated _____

Please return completed form to a committee member as soon as possible, or email it to

broseleyjoggers@hotmail.com

To be completed by committee member

Welcome information given _____

Approved & Accepted _____

Added to email distribution list _____