

POOLE JOGGERS (in association with POOLE ATHLETIC CLUB)



COUCH TO 5k REGISTRATION FORM

Surname:		First name:	
Home Address:			
Date of birth:	Phone:	Email:	

Name of Emergency contact:	Phone number of Emergency contact:
Give details of any medical conditions such as heart disease, epilepsy or diabetes:	
List any allergy details:	

* All details will be kept in accordance with the Data Protection Act

Declaration

I am medically fit to run Yes (tick) I am 18 or over Yes (tick)

(If you are in any doubt about your health, please contact your local doctor for advice or a check-up)

I agree that my name may be included in the publically accessible entry list on successful entry onto the event. I agree that Poole AC may publish personal information as part of the results of the event and may pass such information to the governing body or any other affiliated organisation for the purpose of insurance, licencing or for publishing results either for the event alone or combined with or compared to other event. Results may include (but not be limited to) name, photos, race times, occupation and age category:

Signature:	Date:
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Please send your cheque for £20 (non-refundable), payable to Poole Athletic Club to
C25K Poole Joggers, 157 Ringwood Road, Parkstone, Poole, Dorset BH14 0RH