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 Da	ta Protection Act	
Declaration			
am medically fit to run Yes (tick) I am 18 or over Yes (tick)			
(If you are in any doubt	about your health, please of	contact your local do	ctor for advice or a check-up)
publish personal information affiliated organisation for the	as part of the results of the even e purpose of insurance, licencing of	nt and may pass such infor or for publishing results e	all entry onto the event. I agree that Poole AC mation to the governing body or any other ther for the event alone or combined with or ce times, occupation and age category:
Signature:			Date:

Please return form to C25K Poole Joggers, 157 Ringwood Road, Parkstone, Poole, Dorset BH14 ORH and pay by cash or bank transfer (referencing c25k and your surname – max 18 characters) to:

Sort Code: 40-37-36 Account: 51034863

Name: Poole Athletic Club