

RUNNING CLUB TASTER SESSION BOOKING FORM (Non-Member)

Use this to book your taster session with the club



PERSONAL DETAILS

Full Name:

Preferred Name/Nickname:

Date of Birth:

Gender: ☐ Male ☐ Female ☐ Prefer not to say ☐ Other

CONTACT INFORMATION

Email Address:

Phone Number:

Address:

Postcode:

EMERGENCY CONTACT

Name:

Relationship:

Phone Number:

RUNNING EXPERIENCE

Have you run with a club before? ☐ Yes ☐ No

Current average running distance (if any):

Any injuries/medical conditions we should know about:

NOTE: This information helps us support you safely. You don't need to be experienced to book a taster session.

SESSION PREFERENCES

Preferred Running Session (if known):

☐ Monday Evening ☐ Tuesday Evening ☐ Wednesday ☐ Weekend Long Run
☐ Other _____ ☐ Preferred Pace Group (if any): _____

CONSENT & AGREEMENTS

- ☐ I consent to my details being used for running club communications.
- ☐ I confirm I am physically fit to participate and understand running involves inherent risk.
- ☐ I agree to follow the club's safety guidelines and Code of Conduct.

Signature:

Date: