

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: