

CONTACT INFORMATION	
Title (circle): Mr / Mrs / Miss / Ms / Other	First Name:
Date of Birth:	Last Name:
Phone:	Mobile:
Email Address:	<input type="checkbox"/> Receive Club Emails
Address:	
Town:	Postcode:
IN CASE OF EMERGENCY	
Contact Name:	Phone:
Relevant Medical Information:	
RUNNING EXPERIENCE	
In a few words, please advise what you are hoping to get out of Quakers Running Club Training: (e.g, general fitness, training for specific event, 5k, 10k, marathon, etc)	
TERMS AND CONDITIONS	
<p>By completing this registration, you agree to the following statements:</p> <ul style="list-style-type: none"> You understand that your full club membership will only be confirmed when your membership payment is received. You understand that there will not be any charge for any initial training sessions with the club, but that after a period of a month, unless otherwise agreed, it is expected that you will then pay for full membership with Quakers Running Club should you wish to continue to take part in the organised activities – with the exception of our Beginner’s Group, where the course fee covers the entire duration of the course. You understand that you are taking part in any organised activity with Quakers Running Club at your own risk, that you are only covered by the clubs England Athletics Coaches Insurance for a trial period, and will not be then fully covered until such time that you pay for full membership with Quakers Running Club, or another affiliated running club. (Full details of the insurance can be found at www.englandathletics.org) You understand that your personal information will be managed in accordance with the Quakers Running Club Terms of Service, Privacy Policy and Communication Policy and you agree to abide by Quakers Running Club policies. Further information is available on our website: https://quakers.run 	
Signature:	Date: