REGISTRATION FORM

Your Group Leader will add this information to their contact list on www.runtogether.co.uk and you will be invited to join RunTogether.

Data will be processed in accordance with the RunTogether privacy notice: www.runtogether.co.uk/privacy-notice Please print your details clearly, complete in full and return to your group leader.

1. Personal Contact Information	1
First Name:	Last Name:
Email:	Telephone:
2. Emergency Contact Informa	tion
First Name:	Last Name:
Telephone:	
3. Your Health and Exercise Thinking about the past 12 months, how often have you been on a run or a jog? Daily/most days Weekly Twice a month Monthly Occasionally Rarely	
How many times have you exercised during the past week? 0 1 2 3 4 5 6 7	
Do you suffer from any of the following? Diabetes Heart problems Joint problems High blood pressure Asthma Back pain Previous injuries	
Do you have a long-term illness, health problem or impairment that limits your daily activities? Yes No	
Vision (blindness or visual impairment) Learning or concentrating or remembering Cerebral Palsy Amputee Social or behavioural issues, for example, due to Deficit or Aspergers' Syndrome	impairment or illness affects you? Please select all that apply. Hearing (deafness or hard of hearing) Wheelchair user Dwarfism Mental Health problems to neurological diverse conditions such as Autism, Attention y, difficulty speaking or making yourself understood, dexterity
	d are willing to share their experience and enjoyment of the sport on in this group is entirely at my own risk and should consult my nt make running injurious to my health. ions found here:
Sign:	Date: D D / M M / Y Y