

Please complete with as much detail as possible, leaving the shaded grey areas blank. If needed use additional sheet(s) of paper and attach them to this form.

<b>Full name</b>	Stage of athlete development	
Prefer to be called		
<b>Gender</b>	<b>Date of birth</b>	Group
<b>Contact email</b> This will give you access to the club newsletter		Number
<b>Contact phone number(s)</b> Main		Leader
	Alternative	
<b>Emergency contact details</b>	<b>What is your current 5km time?</b>	
Name		
Relationship to you		
Contact number		

**Would you consider your normal day**    Active    Desk-based    Driving

With your present lifestyle how many days per week could you have available to train?

What is your main reason for taking part in this course?

**Put an "X" for your current weekly activity, including all relevant exercise, not just running. For running please include estimated total daily miles in the next column.**

Activity	Running	Miles	Cycling	Swimming	Circuits, etc.	Other (list)
Monday*						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

\* Enrolment on this course will give you access to the Clevedon AC Monday evening bootcamp at the Clevedon School Gym. The cross training will complement your running, and increase your strength & endurance base. Ask the head coach, Paul Bird, for more details if you are interested.

Do you have an injury, or are you just starting to train after an injury?

If "yes", please give details on your rehabilitation or imitations on fitness. Use additional paper if required.

I (full name) \_\_\_\_\_ do not know of any reason why I should not be able to take part in endurance-based running activities. If under 16 then the signature of a guardian is required.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date reviewed \_\_\_\_\_ By \_\_\_\_\_

Please return this form to Clevedon AC ([beginners@clevedonac.co.uk](mailto:beginners@clevedonac.co.uk))