

# Run Club Registration Form



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

## Medical Considerations:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Gout                | <input type="checkbox"/> Glandular fever           | <input type="checkbox"/> Any heart condition |
| <input type="checkbox"/> Stroke              | <input type="checkbox"/> Rheumatic fever           | <input type="checkbox"/> Heart murmur        |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Dizziness and fainting    | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Stomach ulcer             | <input type="checkbox"/> Cramps              |
| <input type="checkbox"/> Hernia              | <input type="checkbox"/> Liver or kidney condition | <input type="checkbox"/> Joint pain          |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Muscular pain             | <input type="checkbox"/> Concussion          |
| <input type="checkbox"/> Raised cholesterol  | <input type="checkbox"/> Palpitation of Chest      | <input type="checkbox"/> <b>Other</b>        |

If you have ticked any of the above conditions, please explain: \_\_\_\_\_

Are you over the age of 35 and **not** used to regular vigorous exercise? Yes/ No  
Are you on prescribed medication? Yes/ No  
If yes, please state: \_\_\_\_\_  
Are you taking any other forms of medication? Yes/ No  
If yes, please state: \_\_\_\_\_  
Have you been hospitalised recently? Yes/ No  
Are you pregnant or attempting to fall pregnant? Yes/ No  
Are you fasting or dieting? Yes/ No

## Statement

I recognise that the trainer is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability, understand the advice above and will not hold Lorna Jane or the instructor liable in any way for any injury that may occur while I am training.

The information contained within this document will be treated as confidential and will not be released or revealed without my written consent.

**Yes, I wish to sign up for the monthly Lorna Jane email newsletter to receive the latest news and product information, special offers and health tips.**

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Staff Member: \_\_\_\_\_ Store: \_\_\_\_\_