

ABERDEEN RUNNING SISTERS

BLOCK CAPITALS PLEASE

Course Venue DUTHIE PARK 1st week Year 2014

Name _____ Age _____

Address _____

Postcode _____ Home Tel _____ Mobile Tel _____

Email address _____

Medication

Please state if on medication

Allergies

Please state any allergies

Are you a complete beginner? Yes/No

Are you able to jog for 10 minutes? Yes/No

Are you able to jog for more than 10 minutes? Yes/No

Please read and sign below

I recognise that the course organiser, instructor and helpers are not qualified coaches or trainers, but enthusiastic amateurs willing to share their experience and enjoyment of the sport with me.

I confirm that I understand that participation in this course is entirely at my own risk and that I should consult my doctor if suffering from any condition which may be injurious to my health.

Signed _____

Date _____

Course fee £10

Paid