

Purbeck Runners Senior Guest Information Form



Guests are welcome to run with the club 3 times in any membership year.

This form **MUST** be completed by anyone who takes part in any Purbeck Runners Club run who is not a fully paid up member.

Name: _____

Date of Birth: _____

Home/Holiday Address: _____

Post Code: _____

Phone No(s): Mobile: _____ Home: _____

Emergency Contact Name: _____ Mobile: _____

Email: _____

Medical Conditions: _____

Emergency Contact Details:

Name: _____ Relationship: _____

Mobile No(s): _____

To match you to the most suitable group please tell us:

Normal training run	Pace/time
Parkrun/10k/Half-Marathon	Pace/time

I understand that I am responsible for my own health and fitness and run at my own risk. I have read the guidelines and will adhere to them at all times

Signed: _____

Date: _____

Please **RETAIN** and bring this form with you for the RUN LEADER to sign and record your complementary runs below.

Date:	Run Leader
Date:	Run Leader

After your 2 complementary runs, you are most welcome apply for membership of Purbeck Runners.