# **North Herts Road Runners**

# Potential new member details form

**Please complete in CAPITALS and email the form to Karen Dodsworth, Lead Coach, on** **coachesnhrr@gmail.com****. This information will be used to give you a trial period of 1 month on the app we use to book our training sessions, My Running Club. You are welcome to attend 2 sessions before deciding whether you wish to join.**



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| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Telephone:(including STD code) |  |
| Email |  |
| UK County of Birth: (leave blank if not UK) |  | Date of Birth | Male: |  |
|  | Female: |  |
| Address: | Postcode:  |
| Emergency Contact Name: |  |
| Emergency Contact Telephone:(including STD code) |  |
| **Medical information**Do you use an inhaler?Do you have any allergies?Please give details if yes.Is there any medical information that we should be aware of? We would pass this on to medical personnel in case of an emergency. | Y / NY / N  |