SOUTH MOLTON STRUGGLERS

**‘Beginners Introduction to Running’ participation form**

in compliance with the General Data Protection Regulation (2018)

Please read!

South Molton Strugglers collects information from course participants and its members to:

- keep an accurate and up-to-date list of course participants & club members

- make the club's coaches and leaders aware of any medical condition you have consented to share

- share with *England Athletics (EA)* details of those club members who chose to affiliate to *EA\**

**\*While participating in the 10-week ‘Beginners Introduction to Running’ course you do not need to become a full member of the Strugglers or affiliate with England Athletics.**

‘Beginners Intro to Running’ participation forms are collected by the Beginners Group Leader and passed to the club membership secretary. The membership secretary retains a list of course participants and club members. Your details are not shared with any other body (unless you decide to affiliate with EAas explained above).

The club retains your information for the sole purpose of making contact with you as and when necessary.

Personal information *an asterisk \* indicates that you are not obliged to divulge this information*

Your name: …......................................................

Your address, inc. post-code: ….................................................................................................................

…................................................................................................................

Your e-mail address: …..............................................................................................................................

Your phone numbers: (landline) ….......................................... (mobile) …...........................................

Your gender\* M F *[please circle]*

Your date of birth ………………………..….........................................

Please indicate here if you have a medical condition which the Club ought to know about

…...............................................................................................................................................................

*Emergency contact and contact phone (mobile)*

*….........................................................................................................................*

*[Note: This should be someone we can contact in the event of an incident/emergency while you are at club]*

**Please sign and date here: …......................................................................................................**

***by doing so you are giving your permission for the Club to retain your membership form***

*Please return this form to the Beginners Group Leader, Julie Colman before the course begins either at [juliecolman78@gmail.com](mailto:juliecolmman78@gmail.com) or Halo, East Street, South Molton.*

**South Molton Strugglers Running Club**

**Beginners Pre- Exercise Health Check & Disclaimer**

Please complete this pre-exercise health check & read the disclaimer prior to your first running session with the club. Completed forms should be handed to the Beginners Group Leader prior to participation*.* All personal details will be treated as strictly confidential in compliance with the General Data Protection Regulation (2018).

**Name (PRINT)** ………………………………………………………………… **Date of Birth:** …………………………………

**Do you suffer from any of the following?\***

|  |  |  |  |
| --- | --- | --- | --- |
| Angina | Yes / No | Back Problems | Yes / No |
| Asthma | Yes / No | Chest Pains | Yes / No |
| Diabetes | Yes / No | Epilepsy | Yes / No |
| Dizzy Spells / Fainting | Yes / No | High Blood Pressure | Yes / No |
| Joint Problems | Yes / No |  |  |
| Are you pregnant? / Have you been pregnant within the last 6 months? | | | Yes / No |
| Has your Doctor ever said that you have a heart condition? | | | Yes / No |
| Do you have any injuries or problems that might restrict your participation in an exercise programme? | | | Yes / No |
| Are you taking any medication of which the instructor should be aware of? | | | Yes / No |
| Is there any other reason why you should not participate in physical activity? | | | Yes / No |
| If you have answered *yes* to any of the above, please give details: | | | |

*Note: Please inform the coach/leader of any change in your health or fitness that may be affected by, or affect, your participation in the session/activity prior to taking part.*

***Disclaimer:***

I am voluntarily participating in the South Molton Strugglers Running Club ‘Beginners Introduction to Running’ session and understand that participation in the sessions is at my own choice and risk.

I understand that exercise is not without its risks and that this or any other exercise session may result in injury. I have no injuries or conditions which prevent me from safely participating in this class.

I acknowledge that the coach/leader/instructor is not a medical health professional and any advice or activities presented in this session are in no way intended as a substitute for medical consultation. As with any exercise session, if at any point I begin to feel faint, dizzy, or have significant physical discomfort, I will stop immediately and state/signal my need for assistance. If I or any of the coaches/leaders have any concerns I will consult with my doctor before taking further part.

**Thank you for taking the time to complete this form.**

**Please exercise and train safely within the boundaries of your own capabilities.**

**Most importantly get a little fitter and have fun! ☺**