



COURSE BOOKING & HEALTH FORM (Autumn 2014)

Please complete the form in BLOCK CAPITALS and return with payment (if applicable) to:
Common Runners, 99 Alexandra Road, Wimbledon SW19 7LE.
All information will remain strictly confidential.

PERSONAL DETAILS

First name:	Surname:
Date of birth:	Occupation:
Address incl postcode:	
Mobile no:	Email:
Emergency contact and phone no:	
How did you find out about Common Runners? (please specify)	

RUNNING COURSE DETAILS

Name of course: <input type="checkbox"/> Beginners <input type="checkbox"/> Improvers	Day of course: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday
Time of course: <input type="checkbox"/> 9.30-10.30am <input type="checkbox"/> 10.30-11.30am <input type="checkbox"/> 7-8pm	Start/end date: <input type="checkbox"/> Mon 8/9 – 15/12 <input type="checkbox"/> Tues 9/9 -16/12 <input type="checkbox"/> Thurs 11/9 – 18/12 There are no classes in half term (27/10-31/10)

CURRENT EXERCISE ACTIVITY

Have you done any running before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type, how often and for how long?
Are you currently involved in any other exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type and how often?
What would you like to get out of this running course? <input type="checkbox"/> Get fitter <input type="checkbox"/> Lose weight <input type="checkbox"/> Improve <input type="checkbox"/> Run local events <input type="checkbox"/> Socialise <input type="checkbox"/> Other (please specify)	

MEDICAL HEALTH

Do you suffer from any of the following (please tick): ☐ Diabetes ☐ Heart problems
☐ joint problems ☐ high blood pressure ☐ Asthma ☐ Back pain ☐ Previous injuries

Do you have any health conditions?

☐ Yes ☐ No

If yes, please provide details:

Are you taking any medication? ☐ Yes ☐ No

If yes, please provide details:

Other (please provide details):

PAYMENT DETAILS

A 14-week course costs £140 which includes a FREE practice social run every Wednesday at 10.30am.

Total payment: £_____ **Payment type:** ☐ Cheque ☐ Cash ☐ PayPal

Cheques made payable to 'Caroline Dunleavy'; all cash payments to be hand-delivered with form.

As places are limited on the courses, they will be allocated on a first-come-first-served basis. All places are confirmed once the booking & health form and payment has been received.

TERMS & CONDITIONS

Please read the following and sign below:

Courses – All classes must be redeemed by the same person and cannot be shared or transferred. Once purchased, all courses are strictly non-refundable. If a class is missed, up to two classes can be swapped to a different day within the duration of the course.

Cancellations – all classes take place outdoors and will only be cancelled if weather conditions are severe. A catch-up class will be arranged or a refund given and all attendees will be notified.

Photographs - during the courses photographs may be taken for use in publicity materials.

My instructor is a qualified running group leader who is willing to share her 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 I should consult my own doctor if I am suffering from any condition that might make running injurious to my health. Whilst running I will take essential medication and/or inhaler with me.

Signed: _____ **Date:** _____