



# Ackworth Road Runners Couch to 5k Registration Form



## Data Protection

In accordance with the Data Protection Act 2018, Ackworth Road Runners have a duty to protect information we hold on you. The personal information you provide on this form will only be used for the purpose of the 'Couch to 5k' programme. For further guidance on how we hold your information please see our [Privacy Policy](#).

To participate in our **Couch to 5k programme** (18+) please complete the following questionnaire and return to Ackworth Road Runners (details below). Please note, spaces are limited and will be allocated on a first come first served basis on receipt of a completed application form.

## Contact Information:

Stewart Haigh – ARR Treasurer

Email: [stewarthaigh@sky.com](mailto:stewarthaigh@sky.com)

## Participant Information

<b>Forename:</b>	<b>Surname:</b>
<b>Gender:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Email Address:</b>	<b>Phone Number:</b>
<b>Emergency Contact Name:</b>	<b>Emergency Contact Number:</b>

## Information:

Our Couch to 5k Programme runs for 9 weeks starting from **Tuesday February 6<sup>th</sup> 2024**. Sessions will be held every Tuesday and Thursday at 6pm at:

Ackworth Cricket Club  
Wakefield Road  
Ackworth  
Pontefract  
WF7 7AB

The cost of the Programme is £10 payable by BACS transfer using the reference "c25k" to:

**Ackworth Road Runners and AC**

**Sort Code 05-06-71 Account Number 16040316**

If you subsequently join Ackworth Road Runners during 2024, £10 will be deducted from your subscription fee. **Please forward your completed form to [stewarthaigh@sky.com](mailto:stewarthaigh@sky.com)**



# Ackworth Road Runners

## Couch to 5k

### Registration Form



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#### Medical Information

Please answer <b>ALL</b> medical questions.		Yes	No
1	Do you have a disability or life long illness?		
2	Have you ever suffered from blood pressure or any other CV problem?		
3	Do you feel pain in your chest when you do physical activity?		
4	Are you prone to headaches, fainting or dizziness?		
5	Do you suffer from pain or limited movement in any joint?		
6	Do you suffer from a bone or joint problem that could be made worse by activity?		
7	Do you suffer from diabetes?		
8	Do you suffer from asthma?		
9	Do you lose balance because of dizziness or do you ever lose consciousness?		
10	Are you recovering from a recent illness or operation?		
11	Are you currently taking any medication?		

If you answered '**YES**' to any of the questions above please provide any further relevant medical information below:

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If you answered '**YES**' to any of the above questions, you should consult your doctor with regard to undertaking physical activity. If your health changes at any time during the programme, you should cease exercise, inform the coach and consult your doctor.

#### Declaration

I declare that to the best of my knowledge the information given above is correct and that I know of no reason why I should not participate in the C25k programme. I understand that I enter into this programme entirely at my own risk and waive any legal recourse for damages which may arise from participation.

<b>Signed:</b>	<b>Date:</b>
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