



WESTBURY HARRIERS

RUNNER INFORMATION AND CONTACT DETAILS

This information is confidential and will not be shared with any third party. Your information will be retained by Westbury Harriers only.

Name	
Date of Birth	
Address	
Email address	
Telephone number	
Emergency contact name	
Emergency contact telephone number	
Do you have any medical conditions? If yes, please identify. (e.g. asthma, diabetes, heart conditions)	
Do you have any allergies? If yes, please identify.	
Please identify any medications which you currently take	

I agree to abide by UKA rules. I accept and acknowledge that I will also be bound by the rules and policies of Westbury Harriers. I confirm that I am medically fit to participate in club sessions and events and to participate in organised events on behalf of Westbury Harriers. I understand that I take part in training sessions and club events at my own risk and that Westbury Harriers (and the officials and coaches of the club) shall not be held responsible for any injury or illness that may be caused to myself during any training sessions or organised events, or for any property lost whilst I participate in any activities or events organised by Westbury Harriers.

Signed:

Dated: