



Jog Along Application

Surname: Forenames:

Title: Male/Female:

Address:

.....

Post Code: Date of birth.....

Contact Numbers

Home: Emergency Contact name:

Mobile: Emergency Contact no:

Work: Relevant medical info:

Email:

In order for the club to keep costs down, our preferred way of contacting you is by email or SMS text. Please help us to know the best ways to contact you by ticking all of the relevant boxes below.

I use my mobile phone regularly and will pick up all texts:

I have a mobile but don't use texts - I would prefer a phone call:

I use email regularly and will see all emails:

I only use email occasionally and would prefer a text to alert me to an email being sent:

I don't have email and would like things to be posted:

Declaration

I declare that I am medically fit to walk / run. I agree that I attend jog along runs entirely at my own risk. Yorkshire Wolds Runners will in no way be held responsible for any injury or illness incurred and the club recommends that you seek medical advice before undertaking any new exercise routine.

I understand that my £10 joining fee for the four weeks Jog Along sessions will be deducted from my membership fee if I decide to join Yorkshire Wolds Runners Club. A cheque made payable to Yorkshire Wolds Runners or cash is enclosed.

Signed Dated



**CATALOGUE AND
MAIL ORDER
SERVICES**