

# Marda Run Club Registration Form

Powered by ALTA Physiotherapy & Marda Loop Brewing

## 1. Personal Information:

Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## 2. Emergency Contact Information:

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 3. Running History & Experience

- Have you participated in a run club before? **Yes** **No**
- What is your current running level? (Check one)
  - Walker
  - Beginner (0-5KM)
  - Intermediate (5-10KM)
  - Advanced (10KM+)
- Do you have a current or past running goal? **Yes** **No**  
If yes, please specify: \_\_\_\_\_
- Unisex size shirt (larger fit): **XS** **S** **M** **L** **XL** **XXL**
- Are you interested in being a run lead this year? (you will have access to previous run maps, or make your own route, and lead stretches!) **Yes** **No**

## 4. Health & Safety Information

- Do you have any current or recent injuries? **Yes** **No**  
If yes, please describe: \_\_\_\_\_
- Do you have any allergies or health conditions we should be aware of? **Yes** **No**  
If yes, please describe: \_\_\_\_\_

## 5. How Did You Hear About Us?

ALTA Physiotherapy

Marda Loop Brewing

Social Media

Other: \_\_\_\_\_

## 6. Consent & Agreement

By signing this form, I confirm that the information provided is accurate to the best of my knowledge. I also acknowledge that I have read and signed the **Marda Run Club Liability Waiver & Release Form** prior to participating.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for registering for the Marda Run Club! We look forward to running with you! 