

Recreational Running Club Pre-Participation Evaluation

Personal Information

Full Name

Date of Birth

Contact Number

Email

Emergency Contact

Name

Relationship

Phone

Medical History

Do you currently have or have a history of any of the following?

Current Medications (if any)

Allergies

Has your doctor ever advised you not to participate in physical activities?

Physical Activity & Running Experience

How often do you engage in physical activity?

Describe your running experience

Consent & Signature

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I confirm that the above information is correct to the best of my knowledge.

Signature

Date