

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: _____

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! 🏃🏃