



## Great Rossa C25K Application Form

Name:		Date of Birth	
Address:			
		Postcode:	
Mobile:		Home Number:	
E-Mail:			
Gender:	Male	Female	
T.Shirt Size (L/M/S)			
Emergency Contact Name:			
Emergency Telephone Number:	Home:	Mobile:	
Details of any medical conditions which may affect your training?			
Any other requirements or directions that would be helpful to know about?			

Photographs may be taken for promotional purposes by Ardboe O'Donovan Rossa GAC. If you do not wish your photograph to be taken, please tick ( )

I consent to emergency medical treatment being given if deemed necessary during the course of the activities.

Name (please print) \_\_\_\_\_

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

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

- This registration form should be returned on registration evening on 9<sup>th</sup> January 2017 from 7pm to 7.30pm accompanied with £15 Registration Fee