

**STONEHENGE TRIATHLON AND ROAD (STAR) CLUB COUCH TO 5K AND COUCH TO TRIATHLON – OCTOBER 2020**

Upon completion please email this form back to stonehengetriandroad@gmail.com

**1. Participant details.**

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Gender | M/F | Date of Birth |  |
| Address |  |
|  | Postcode |  |
| Home telephone |  | Mobile |  |
| Email  |  | Twitter |  |

 **2. Emergency Contact Details.**

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Surname |  |
| Relationship to member |  | Home telephone |  |
| Mobile |  |

**3. Medical and Specific Needs.**

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| **Give details on medical conditions that may affect your ability to participate in training sessions, and list any medication you are taking. Also give any specific needs you have relating to training sessions. This information will be passed on to club coaches. You must conduct a COVID-19 symptoms self-assessment before arriving at sessions. If you or someone living in the same household have any of the symptoms, please do not attend, and follow government guidelines.** |
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**4. Sporting History.**

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| **Give your background in the sports of triathlon / cycling / running or other sports.** |
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**5. Reasons for joining the Couch to 5K or Couch to Triathlon programme.**

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| **What attracted you to the programme and what do you want to get from it?** |
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**6. Media and Advertising.**

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| **The club will conduct video analysis sessions from time to time, are you happy to be video recorded for coaching purposes?** Yes / No |
| **The club will submit articles to publications, post on social media and onto the club website; are you happy for your image to be used for these purposes?** Yes / No |

**7. COVID-19 Action Plan.**

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| **In the event of you developing COVID-19 symptoms immediately after a session, do you agree to inform the club, and do you give consent for us to share with other attendees, that someone (non-specific as to who) has developed symptoms?** |
| Agree to inform the club if symptoms develop post training? Yes / NoGive consent to share with other participants that someone has developed COVID-19 symptoms? Yes / No |