Woodstock Recreation & Community Services,105 Connell Park Road, Woodstock, NB E7M 1M5
(506) 325-4671 | www.woodstocknbrecreation.com

Couch to 5K Registration Form

Contact Information		
Date:		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
Date of Birth:	Height:	Weight:
In Case of Emergency Contact:		
Phone:	Relationship:	

Program Refund Policy: Refunds or withdrawal will only be given within two weeks from the start of the program
Cancellation updates will be emailed and posted on the Facebook group (Couch to 5K - Woodstock)

- ☐ I have read and understand the refund policy regarding programs with the Woodstock Recreation Department and AYR Motor Centre

Signature:______________________________ Date:______________________________

Confidential Health History Form

Medical Information	
Physician:	Phone:
Are you currently under a doctor's care?	Yes ☐ No ☐
If yes, please explain:	
Have you ever had an exercise stress test?	Yes ☐ No ☐ Don't Know ☐
If yes, were the results	Normal ☐ Abnormal ☐
Do you take any medications on a regular basis?	Yes ☐ No ☐
If yes, please indicate:	
Have you been recently hospitalized?	Yes ☐ No ☐
If yes, explain:	
Are you pregnant?	Yes ☐ No ☐
Do you smoke?	Yes ☐ No ☐
Do you drink alcohol more than three times a week?	Yes ☐ No ☐

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Do You Have:	
High cholesterol?	Yes ☐ No ☐
Diabetes?	Yes ☐ No ☐
High blood pressure?	Yes ☐ No ☐
Known heart disease?	Yes ☐ No ☐
Muscle pain or an injury?	Yes ☐ No ☐
If yes, please explain:	
Rheumatic heart disease?	Yes ☐ No ☐
A heart murmur?	Yes ☐ No ☐
Chest pain with exertion?	Yes ☐ No ☐
Irregular heart beat or palpitations?	Yes ☐ No ☐
Lightheadedness or do you faint?	Yes ☐ No ☐
Unusual shortness of breath?	Yes ☐ No ☐
Emphysema?	Yes ☐ No ☐
Other metabolic disorders (thyroid, kidney etc.)?	Yes ☐ No ☐

If you answered **YES** to one or more of the questions above, you must recevie a doctor's note **BEFORE** you can participate in the program. The note must incidate which question you answered yes to, and the doctor must state that it is alright for you to participate in our running program, given your current health status. Doctors signature is required on the note.

I have read and completed the Health History Form, and understood what was being asked	Yes ☐ No ☐
All questions have been answered to the best of my knowledge	Yes ☐ No ☐
Signature:	Date:
Signature of Parent: ***(or Guardian for participants under age 15)***	Witness:

Updated: April 21, 2021