MURPH RUN REGISTRATION

Please fill out and email to Clark at **clark@crossfitpf.ca**

GENERAL INFORMATION

First Name ____________________ Last Name ____________________

Email ____________________ Phone # ____________________

Birthday ____________________

EMERGENCY CONTACT

First Name ____________________ Last Name ____________________

Phone # ____________________

PREFERED TIMES:

Please rank the time slots from 1 – 5, in order of preference, as some times may be full (1 being your first choice & 5 being your last choice)

8:00 - 9:30AM (KIDS) ________

9:30 - 11:00AM **FULL**

11:00AM -12:30PM ________

12:30PM - 2:00PM ________

2:00PM - 3:30PM ________

3:30PM - 5:00PM ________

$20 MINIMUM DONATION

which can be made at **LRHF.ca/donate**

MEDICAL WAIVER

Please fill out and email to Clark at **clark@crossfitpf.ca**

Has your Doctor ever said you have a heart condition?	YES ☐	NO ☐
Do you frequently have chest pains when you exersise?	YES ☐	NO ☐
Have you had chest pains when you were not exersising?	YES ☐	NO ☐
Do you lose your balance due to dizziness or do you faint?	YES ☐	NO ☐
Do you have bone, joint or any other health problems?	YES ☐	NO ☐
Are you pregnant now, or have you given birth within the last 6-month?	YES ☐	NO ☐
Have you had a recent surgery?	YES ☐	NO ☐
Do you take any medications (prescription or non)?	YES ☐	NO ☐