## CONNECT CENTRE WALKING GROUP

## Registration Form.

Are you currently experiencing any of the following conditions?

Heart problems: yes/no

High or low blood pressure: Yes/no

Epilepsy: Yes/no

If yes to any of the above please give brief details.

Name:

Address

Mobile Phone:

Email address:

Next of kin phone:

Do you exercise regularly? Yes/no

 If yes, describe your level of exercise eg walk 3 miles, jog 5 k, use a gym, swim etc.