Green Gym Volunteers

REGISTRATION FORM

✓ YES, I would like to take part in Green Gym® Volunteer Activities: **YOUR DETAILS** Date Of Birth: Name: Address: Telephone No: Fmail: Please provide details of any medical condition or relevant information about your health that could affect your participation in Green Gym activities (please continue overleaf if necessary): CONTACT IN CASE OF EMERGENCY Name: Phone No: **DECLARATION** I understand that Green Gym® is a physical activity and to the best of my knowledge I am able to take part in light to moderate exercise (please consult your doctor and obtain medical clearance to participate if in any doubt): Signed ______ Date _____

Please return your completed Registration Form to Cleansing and Open Spaces, Charnwood Borough Council, Council Offices, Southfield Road, Loughborough, LE11 2TX.