

# JUNIOR ENTRY FORM - AUSTWICK AMBLE

The Fell Runners Association Ltd

RACE NUMBER \_\_\_\_\_

FULL NAME (BLOCK CAPS PLEASE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CLUB \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE ON 31<sup>st</sup> DEC 2024 \_\_\_\_\_

CATEGORY (Circle below as appropriate) **NB age at 31<sup>ST</sup> DECEMBER 2024**

**BOY**                      **U11B** **U13B** **U15B** **U17B** **U19B**

**GIRL**                      **U11G** **U13G** **U15G** **U17G** **U19G**

**NB: MINIMUM AGE TO TAKE PART IS 8 YEARS OLD ON DAY OF RACE**

**ACCOMPANYING ADULT / EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

VEHICLE REGISTRATION \_\_\_\_\_

- I accept the hazards inherent in fell running and acknowledge that I am entering and running this race at my own risk
  - I confirm that I am aware of the rules imposed on me by the Race Organiser and that I will comply with them.
  - I confirm that I have read and will comply with, the "Fell Running - Requirements for Runners".
    - I acknowledge and agree that I am responsible for determining whether I have the skills equipment and fitness to participate in this event
- I accept that neither the Race Organiser nor the Fell Runners Association shall be liable to me for any injury, loss or damage of any nature to me or my property arising out of my participation in this race (other than in respect of death or personal injury as a result of their negligence).

Signed \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Legal Guardian (Signature not required if valid Parental Consent Form is presented) PHONE

NUMBER\_(if different from emergency number given above) \_\_\_\_\_

PARENTAL CONSENT CONFIRMED BY (Please tick as appropriate) :

RACE ENTRY FORM



PARENTAL CONSENT FORM



# JUNIOR ENTRY FORM - AUSTWICK AMBLE

The Fell Runners Association Ltd

RACE NUMBER \_\_\_\_\_

FULL NAME (BLOCK CAPS PLEASE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CLUB \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE ON 31<sup>st</sup> DEC 2024 \_\_\_\_\_

CATEGORY (Circle below as appropriate) **NB age at 31<sup>ST</sup> DECEMBER 2024**

**BOY**                      **U11B** **U13B** **U15B** **U17B** **U19B**

**GIRL**                      **U11G** **U13G** **U15G** **U17G** **U19G**

**NB: MINIMUM AGE TO TAKE PART IS 8 YEARS OLD ON DAY OF RACE**

**ACCOMPANYING ADULT / EMERGENCY CONTACT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

VEHICLE REGISTRATION \_\_\_\_\_

- I accept the hazards inherent in fell running and acknowledge that I am entering and running this race at my own risk
  - I confirm that I am aware of the rules imposed on me by the Race Organiser and that I will comply with them.
  - I confirm that I have read and will comply with, the "Fell Running - Requirements for Runners".
    - I acknowledge and agree that I am responsible for determining whether I have the skills equipment and fitness to participate in this event
- I accept that neither the Race Organiser nor the Fell Runners Association shall be liable to me for any injury, loss or damage of any nature to me or my property arising out of my participation in this race (other than in respect of death or personal injury as a result of their negligence).

Signed \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Legal Guardian (Signature not required if valid Parental Consent Form is presented) PHONE

NUMBER\_(if different from emergency number given above) \_\_\_\_\_

PARENTAL CONSENT CONFIRMED BY (Please tick as appropriate) :

RACE ENTRY FORM



PARENTAL CONSENT FORM

