

**The Fell Runners Association Ltd**  
**JUNIOR RACE ENTRY FORM**

Race No.

Race: \_\_\_\_\_

Full Name: \_\_\_\_\_

Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Category (Please circle below as appropriate)**

**BOY:**      U8B      U10B      U12B      U14B      U16B      U18B

**GIRL:**      U8G      U10G      U12G      U14G      U16G      U18G

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Accompanying Adult/Emergency Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_ Vehicle Registration: \_\_\_\_\_

I understand that this race is held in accordance, and that I have familiarised myself, with both the Rules and Safety Requirements of the FRA. I confirm that I am aware of the Organiser's information and requirements in connection with this race. I accept the hazards involved in fell running and acknowledge that I am entering and running this race at my own risk. Other than the Organiser's liability for causing death or personal injury by negligence, I confirm that I understand that the Organiser accepts no liability to me for any loss or damage of any nature to me or my property arising out of my participation in this race.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian (signature not required if valid Parental Consent Form presented)

Phone No. (if different from Emergency Contact above) \_\_\_\_\_

**Parental consent confirmed by** (please tick as appropriate):

Race Entry form

Parental Consent Form