

RACE NUMBER _____

The Fell Runners Association Ltd JUNIOR RACE ENTRY FORM

RACE NAME _____ RACE DATE _____

FULL NAME _____

ADDRESS _____

_____ POSTCODE _____

PHONE NUMBER _____ EMAIL _____

CLUB _____

DATE OF BIRTH _____ AGE ON 1ST JANUARY IN CURRENT YEAR _____

CATEGORY (Circle below as appropriate):

BOY U8(over 6) U10 U12 U14 U16 U18

GIRL U8 (over6) U10 U12 U14 U16 U18

ACCOMPANYING ADULT OR OTHER EMERGENCY CONTACT:

NAME _____ PHONE NUMBER _____

VEHICLE REGISTRATION _____

PARENTAL CONSENT

I UNDERSTAND THAT THIS RACE IS HELD IN ACCORDANCE 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 MY CHILD ENTERS AND RUNS THIS RACE AT MY RISK. ALTHOUGH THE ORGANISER TAKES PRIMARY RESPONSIBILITY FOR THE SAFETY OF JUNIORS, I CONFIRM THAT I UNDERSTAND THAT THE ORGANISER ACCEPTS NO LIABILITY TO ME FOR ANY LOSS OR DAMAGE OF ANY NATURE TO MY CHILD OR OUR PROPERTY ARISING OUT OF HIS/HER PARTICIPATION IN THIS RACE OTHER THAN THE ORGANISER'S LIABILITY FOR CAUSING DEATH OR PERSONAL INJURY BY NEGLIGENCE.

SIGNED _____ DATE _____

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

PHONE _____ (if different from emergency contact number given above)

PARENTAL CONSENT CONFIRMED BY (Please tick as appropriate):

RACE ENTRY FORM PARENTAL CONSENT FORM OTHER (Specify below)
