

The Fell Runners Association Ltd
JUNIOR RACE ENTRY FORM ~~2020~~ 2021

Race No.

Race: Scafell Pike Fell Race

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address (optional): _____

Category. Please circle below as appropriate. Minimum age 16 on day

Race details will state e.g. 'AGE ON DAY' or '~~AGE ON 31ST DECEMBER~~'.

BOY: ~~U9B~~ ~~U11B~~ ~~U13B~~ ~~U15B~~ U17B U19B

GIRL: ~~U9G~~ ~~U11G~~ ~~U13G~~ ~~U15G~~ U17G U19G

Address: _____

Postcode: _____

Phone No: _____

Accompanying Adult / Emergency Contact: _____

Phone No: _____ Vehicle Registration: _____

- I accept the hazards inherent in fell running and acknowledge that my child is entering and running this race at their own risk.
- I confirm that I am aware of the rules imposed on my child by the Race Organiser and that they will comply with them.
- I confirm that I have read and that my child will comply with, the "Fell Running - Requirements for Runners".
- I acknowledge and agree that I am responsible for determining whether my child has 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 my child for any injury, loss or damage of any nature to them or their property arising out of their participation in this race (other than in respect of death or personal injury as a result of their negligence).
- I consent to publication of my child's name, club, race category, race number, finishing time and race position in race pre-entry and results lists, and to the sharing of all the above details with trusted partner organisations (e.g. UK Athletics) for disciplinary purposes or otherwise where necessary in the interests of the sport.

Signed: _____ Date: _____

Parent/Legal Guardian (signature not required if Parental Consent Form is used)

Phone NO.(if different from Emergency Contact above): _____

Parental Consent confirmed by (please tick). Not required if 18 on the day.

Race Entry Form

Parental Consent Form

The Fell Runners Association Ltd
JUNIOR RACE ENTRY FORM ~~2020~~ 2021

Race No.

Race: Scafell Pike Fell Race

Full Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address (optional): _____

Category. Please circle below as appropriate. Minimum age 16 on day

Race details will state e.g. 'AGE ON DAY' or '~~AGE ON 31ST DECEMBER~~'.

BOY: ~~U9B~~ ~~U11B~~ ~~U13B~~ ~~U15B~~ U17B U19B

GIRL: ~~U9G~~ ~~U11G~~ ~~U13G~~ ~~U15G~~ U17G U19G

Address: _____

Postcode: _____

Phone No: _____

Accompanying Adult / Emergency Contact: _____

Phone No: _____ Vehicle Registration: _____

- I accept the hazards inherent in fell running and acknowledge that my child is entering and running this race at their own risk.
- I confirm that I am aware of the rules imposed on my child by the Race Organiser and that they will comply with them.
- I confirm that I have read and that my child will comply with, the "Fell Running - Requirements for Runners".
- I acknowledge and agree that I am responsible for determining whether my child has 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 my child for any injury, loss or damage of any nature to them or their property arising out of their participation in this race (other than in respect of death or personal injury as a result of their negligence).
- I consent to publication of my child's name, club, race category, race number, finishing time and race position in race pre-entry and results lists, and to the sharing of all the above details with trusted partner organisations (e.g. UK Athletics) for disciplinary purposes or otherwise where necessary in the interests of the sport.

Signed: _____ Date: _____

Parent/Legal Guardian (signature not required if Parental Consent Form is used)

Phone NO.(if different from Emergency Contact above): _____

Parental Consent confirmed by (please tick). Not required if 18 on the day.

Race Entry Form

Parental Consent Form