

The Fell Runners Association Ltd
JUNIOR RACE ENTRY FORM

Race No.

Race: **Quarry Runs**

Minimum age to enter: 6 on the day

Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address (optional not mandatory): _____

Category (Please circle below as appropriate) age as at 1 January 2014

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

☐

The Fell Runners Association Ltd
JUNIOR RACE ENTRY FORM

Race No.

Race: **Quarry Runs**

Minimum age to enter: 6 on the day

Name: _____

Club: _____

Date of Birth: _____ Age: _____

Email Address (optional not mandatory): _____

Category (Please circle below as appropriate) age as at 1 January 2014

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

☐