

**The Fell Runners Association Ltd  
JUNIOR RACE ENTRY FORM 2019**

Race No.

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

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

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

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

Email Address (optional): \_\_\_\_\_

**Category. Please circle below as appropriate.**

**Race details will state e.g. 'AGE ON DAY' or 'AGE ON 31<sup>ST</sup> 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.

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

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